cendeng with far 18. Dive Pages after death.

This certificate shauld be executed within 24 haurs

DICAL EXAMINER:

TO DEPUTY

necessary, please execute the certificate, writing the ward "pending" in pencil in Item the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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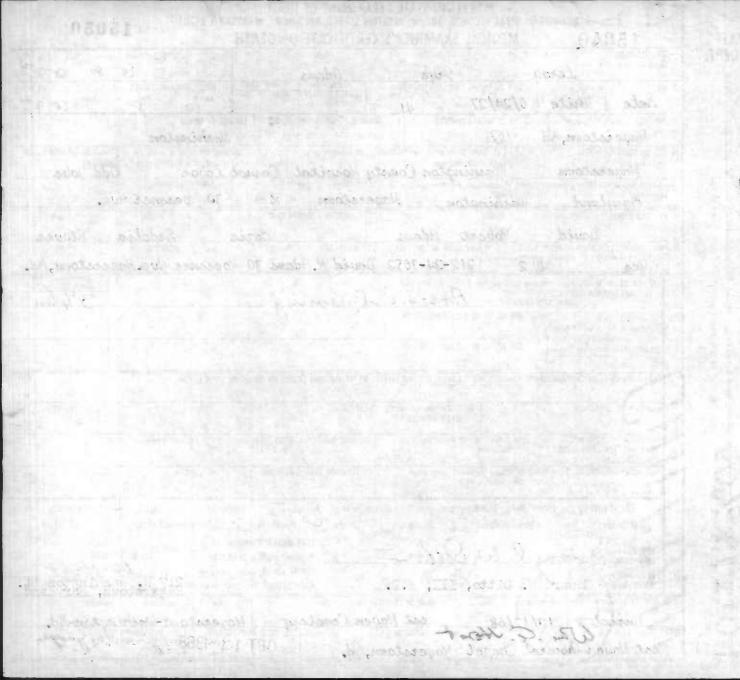
		150	140	MEDIC	AL EXAMINER	S'S CERTIFICA	TE OF DEAT	'H	1.	000	U	
		ECEASED-NAME	First		Middle	Lo	st	20. DATE KNO	Month	Doy	Year	2b. HOUR
	11	(ype ar Print)	Lerou	1	Frye	Ada	ims	OF ES DEATH MA		8	1968	970 M
	3. SE	X	4. RACE	S. DATE OF BIR	TH 6. AGE	(In years IF UNDER 1 Y		ZC. DAIL TROI	NOUNCED DEAD		6	2d. HOUR
П		Male	White	6/24/2	7 41.	YRS.	ATS HOURS MIII	Manth /O	Doy	Year	1968	9 40 M
		BIRTHPLACE (Stote		. CITIZEN OF WH	AT COUNTRY? 8.	MARRIED NEVE	R MARRIED 2 9. (	COUNTY OF DEATH				
	count	try Hager	stown, Md	USA		WIDOWED	DIVORCED [	Washin	gton			Md
	10. C	ITY OR TOWN OF	DEATH		ME OF HOSPITAL OR INS			OCCUPATION (Kin			D OF BUSI	NESS OR
9		Hage	rstown	Was	treet oddress)	unty Hospi	tal Casu	st of working life, al Labor	even it retired.)	Odd		
1				lived, if institu	tian: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	? 13e. STREET AI	ND NUMBER			4.50
1	00	dmission STATE	land	13b COUNTY.	gton	Hagerstown	YES NO	30 Ro	essner f	lue.		
	14. F/	ATHER'S NAME	First	Middle	Lost	15. MOTHER'S	MAIDEN NAME FI	irst	Middle		Last	
			David	Robe	ert Adams		Maz	ie	Sedalis	Z	Stove	er
		WAS DECEASED EV es, ng, pr unknaw	ER IN U.S. ARMED FO		16b. SOCIAL SECURITY NO				ADDRESS			
	1	Yes	(ii yes give	pr dates of service)	212-24-365	2 David K	.Adams 30	Roessne	r Ave. Ho	rgers	town.	Md.
					ne far (o), (b), and (c).)						PPROXIMATE I	
		PART I. D	EATH WAS CAUSED I	BY: : CAUSE (o)	Hrssui	c Poisa	nina				3 /46	n
	-3	750	7	DUE TO, OR	AS A CONSEQUENCE OF			The lates		E		METER
			ny, which gove )	(b)								
			derlying couse	DUE TO, OR	AS A CONSEQUENCE OF							
		last.	)	(c)								
		PART 2. OTHER S	SIGNIFICANT CONDITI	ONS CONTRIBUTI	NG TO DEATH BUT NOT F	RELATED TO THE TERMI	IAL DISEASE OR COND	ITION GIVEN IN PAI	RT 1(o)			
	NO	7716										
	CERTIFICATION	190. DATE OF O	PERATION		19b. CONDITION FOR WI WAS PERFORMED?	HICH DPERATION				20.	AUTOPSY	1
2	RTIFI			1							YES	NO 4
		210. EXTERNAL (	CAUSE WAS R CONTRIBUTING 🗍	21b. TIME OF HOUR A.I	INJURY Manth, Doy, Year	21c. HOW INJUI	RY OCCURRED (Enter n	noture of injury in I	Part 1 ar Port 2, I	item 1B.)		
	MEDICAL	CAUSE OF DEAT	Н	P.1	и. 19							
1	×	21d. INJURY OCC	2 1 01 1 2	ACE OF INJURY (A 1ry, affice buildin	At hame, farm, street, q, etc.)	21f. LOCATION S	treet or R.F.D. No.	City or To	iwn	County		Stote
		AT WORK A	T WORK									
		22a. I	certify that I tac	ik charge af tl	ne remains described		· · · ·	Inspection .	, Inquiry [	an an	nd in my	y apin <del>i</del> an
		death re	sulted fram:	Natural caus	es, Accident	, Suicide	Hamicide [	, Undetern	nined manner			
		ACTUAL	( )	0:	. 0 11		CHIEF MEDICAL EXAM	MINER				
		ACTUAL SIGNATURE_	- chua	ul h	HOHO-	M.D.	ASSISTANT MEDICAL I	EXAMINER	22b. <b>DAT</b> 1			
		EXAMINER'S	77.3	1.7 751.1.1	and the second		DEPUTY MEDICAL EXA	AMINER -		0-10		
1	0.0	NAME (Type)			o, III, M.		ADDRESS(Street, city,			vashi wm.	MELTA	land_
	230.	BURIAL, CREMAT REMD VAL (Speci	fy).			EMETERY OR CREMATO		23d. LOCATION (Cit		(Caunty)		ote)
	24	Sur	al 10	/12/68	Rest	Haven Cem	tery	Hagersto	wn-Wash	ingto	n-Md	-
		FUNERAL DIRECTO	C / PW .	4.0			DATE OCT	1 4 196	25b. REGISTRAR'S	SIGNATUR	June	M.
	.4	less Nau	ien Juner	al chap	el Magersi	town, Md.	DATE GO	T T 100	#		To The	

VR A15ME (5) 10M REV. 1 (68

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5 may be retained far yaur files.

Health prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	TOURY		CERTIF	ICATE OF DEAT	ſH		1969	1
	CEASED-NAME Firs	t	Middle	Lost	2a. DATE (			2b. HOUR
(1	ype or print) Ni	na Mi	arie	Beeler	0	cooper 1	9. 1968	1:50P
3. SE		4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	White		Dec. 31,	1884	last birthday)	RS. MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COU	INTRY? 8. MARRIE	D NEVER MARRIED	9. COUNTY C	OF DEATH		
Bo	ensbere, Md.	U. S. A.	WIDOWE		Wash	ington		M
10. 0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL OR INSTITUTION (	f not in hospitol 12o.	USUAL OCCUPATIO	N (Kind of work don		BUSINESS OR
	Hagerstown	Clear	dress) rview Nursin	g Home	Housewif	g life, even if retired	I.) INDUSTRY Own H	ome
	USUAL RESIDENCE (Where deced	osed lived, if institution: Res	sidence before   13c. CITY	OR TOWN 13d. INSIDE		STREET AND NUMBER		
M	ission) STATE	13b. COUNTY Washingto	n Boor	sboro YES	NO 1	2 Saint Pa	aul St.	
14. F	FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NA	AME First	Middle	1011-	Lost
	Michael		Bender		lary	E.	Brown	ley
	WAS DECEASED EVER IN U.S. AR	war or dates of service)		7. INFORMANT		Address		
	es. no, ar unknawn) (if yes give	218	3-50-4311 N	ir. James M.	Beeler,	Boonsboro		nd WATE INTERVAL
	18. CAUSE OF DEATH (Enter of	CD DV	1) - 1 - 1	10				NSET AND DEATH
	PART I. DEATH WAS CAUS	DIATE CAUSE (a)	Right &	an feed	u		3 4	ests.
	4339	DUE TO, OR AS A CO	_ / ^	Hirou	1		2.	1
	Conditions, if ony, which gove rise to immediate cause (o),		couloud	VICE IL	1000)		20	erks
	stating the underlying cause		NSEQUENCE OF	151.5 m	train al	12051	Year	
	last.	) (c)	javer					-
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEAS	E OR CONDITION GIV	VEN IN PART 1(a)		
NO	190. DATE OF OPERATION 1195	b. CONDITION FOR WHICH OPE	CAMPONDED SEEM MOITED	20- AUTORSVA	Laor	IF YES, WERE FINDINGS	CONCIDENCE IN CE	DTIEVING
CERTIFICATION	190. DATE OF OPERATION 190	S. CONDITION FOR WHICH OPE	KATION WAS PERFORMED	20a. AUTOPSY?		SES OF DEATH?	S CONSIDERED IN CE	KIIFTING
ERTI	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME OF INJURY	V In	HOW INJURY OCCURRED		iver in Dark 1 or Dark	2 Itam 10 \	
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Mont	th Day Year	11017 1100K7 OCCORRED	(rmer nome or m	los in rail i oi rail	2, 110111 10.7	
MEDICAL	(If either, notify medical exam 21d, INJURY OCCURRED 21e		F FARM STREET FACTORY \ 216	LOCATION Street or P.E.	D No. G	ty or Town	Caunty	Stote
- 3	While Nat while	OFFICE I	BUILDING, ETC.	LOCATION Street or R.F.	D. IVG.	19 01 10WII	coomy	31010
	at work at wark	his hospital) attended	the decoased from	11-14-	19 37, to_	De \$ 19	19.68, that	(I) (wo) la
	22a. I certify that (I) (t saw the deceased	alive an DUA	1968	and that in (my) (our			date and haur o	and fram th
	couses stoted obov	ve,( ) (we)(did)(did no	ot) view the body afte	er deoth.				
	22b. SIGNATURE	Lew woar	,	ATTENDING	MED.	STAFF 22	2c. DATE SIGNED	68
	CO. L. DIMERCIANUS	, coo aco aco	DE	GREE PHYS.	DIRECTOR	PHYS.	10-01-	04
	22d. PHYSICIAN'S NAME (Type) JoS	EPH SE	CONDAR	22e. ADDRESS	B00	NSBORO	12d 21.	713
230	BURIAL, CREMATION, 23b.	. DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d 10CA	TION (City ar Town)	(Caunty)	(State)
200.		0- 22- 68	Boonsboro C			sbore, Was		, ,
24.	FUNERAL DIRECTOR		ADDRESS		EC'D BY REGISTRAR	2Sb. REGISTRA	R'S SIGNATURE	
Jo	hn H. Bast, Jr	r. 112 N. Mai	n St. Boons	boro, Md DATE	OCT 24	1968 80	liarles fo	uge

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and campletely filled in director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon gapes should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72. VR A15 (4) 30M REV, 1/68

Pages 1 and 2

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after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate by executed within 24 hours after deoth.

Poge 4 may be retained by the hospital or ottending physician.

15042

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15052

	Type or print)  Joshu	Middle Paul	Biser Lost	20. DATE OF DEATH Month October 2,	1968 2:40 A
3. S	Male	4. RACE	5. DATE OF BIRTH  Dec. 25, 18	6. AGE (In years last birthday) YRS.	MONTHS DAYS HOURS MIN.
cau		7b. CITIZEN OF WHAT COUNTRY?  U. S. A.  11. NAME OF HOSPITAL OR INS	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH  Washington  L OCCUPATION (Kind of work done	Md
19 H	agerstown	give street address)  Washington Co  ed lived, if institution: Residence before	ounty Hospital during mo	est of working life, even if retired.)	INDUSTRY Farming
odn	nissian) STATE Maryland	13b. COUNTY Weshington	Boonsboro YES NO	Rfd. 2	
14.	FATHER'S NAME First  Edwin	Middle Lost Bisex	IS. MOTHER'S MAIDEN NAME F	irst Middle arrie	Flook
160	. WAS DECEASED EVER IN U.S. ARM		O. 17. INFORMANT	Address	
	DANK & BRATIL MILE CALLERY	y one couse per line for (o), (b), ond (c). By: TE CAUSE (o) <u>Pulmonary</u>			BETWEEN ONSET AND DEATH  8 hrs.
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b) Arterioscle  DUE TO, OR AS A CONSEQUENCE OF  (c)	erotic heart diseas		2 yrs.
CERTIFICATION	Diabetes me	Llitus (3 yrs.) CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS C	CONSIDERED IN CERTIFYING
MEDICAL CE	210. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT  (If either, notify medical examin	H HOUR A.M. Month Doy Year P.M. 19		noture of injury in Port 1 or Port 2,	Item 18.)
ME	at work at work		TORY,) 21f. LOCATION Street or R.F.D. No.		Caunty Stote
	220. I certify that (I) (\$\frac{1}{2} carries of a constant of the deceased at	sxlvespitor) attended the decease ive on 10/2 l , (I) (xxe) (dig not) view the	d fram 1/28 , 19.6 9.68 , and that in (my) (\$\$) opi ody after death.	55 , ta 10/2 , 19 nion deoth occurred on the do	68 , that (I) (west loote and hour and from th
	22b. SIGNATURE	lates	DEGREE ATTENDING M	CTACE	DATE SIGNED 0/2/68
1	22d. PHYSKYAN'S NAME (Type) Dona	d E. Martin, M.D.		eveland Avenue, H	lagerstown, Md
		0- 4- 68 Beonst	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)  Boonsboro, Wash	
	FUNERAL DIRECTOR	ADDRESS	Boonsboro, MdDateOCT	Y REGISTRAR 2Sb. REGISTRAR'S	

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Plank		Currie		50016		Stute	
. Mi .oroda, w							
i. Co., 23.	15 ,030	Bocnac	Cometery	otoca, nod	88 -1 -	10	Lohne

form S. Sasa, Jr. 112 W. Mrin St. Sconsbore, Mr. CII A 1988 FE St. G. Day

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15053

				CERTIF	ICATE OF	DEATH					
1. DECEASED-NAME	First	300	Middle		Lost		20. [	DATE OF DEATH			2b. HOUR
(Type or print)	John		Allen		Bowar	d		Octobe		1968	4
3. SEX		4. RACE			S. DATE OF B	IRTH			In years	IF UNDER I YEAR MONTHS   OAYS	IF UNDER 24 HRS. HOURS MIN.
Mal			White		Decem	ber 3	1,191	14 1051 51	rthday) 3 YRS.	MONTHS UNTS	HOUKS MIN.
o. BIRTHPLACE (State country)	or foreign 7	b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIE	D NEVER MAI			NTY OF DEATH			
Hagerston		USA		WIDOWE		RCED 🔲		Vashingt			Mo
O. CITY OR TOWN OF	DEATH		AME OF HOSPITAL OR I			12a. USI	UAL OCCU	PATION (Kind of	wark dane	12b. KIND OF INDUSTRY	F BUSINESS OR
	rstown		Washingto	n Cook	dospital	2	ruck	Orwer	i ii ieiiieu.)	Coalt	3ldg. Sw
130. USUAL RESIDENCE	(Where deceosed					13d. INSIDE CITY		13e. STREET AND			
odmission STATE	nd	13b. COUNTY Wash	ington	Hage	erstown		NO 🗆	40 Ale		Sto	
14. FATHER'S NAME	First	Middle	Lost		IS. MOTHER'S M		_		Middle		Last
	loyd			Soward			Elsi	2	May		togle
Yes, no, ar unknawr	VER IN U.S. ARMEI	or dates of service)	16b. SOCIAL SECURIT		7. INFORMANT	00	,	.0 01	Address	Cili	Md.
No			217-09-9	1794 [	irs Jone	i H.Bou	ward	40 Alex	ander	St. Hagi	erstown
			ne for (o), (b), and (								ONSET AND OEATH
PAKI I. DEA	IMMEDIATE	CAUSE (a)	Bilatera	l lobu	lar pne	umonia				3 -	4 days
4/0	0	DUE TO, OR	AS A CONSEQUENCE C	)F							
Canditions, if on rise to immedia			pertensi		diovasci	uar d	isea	se and l	penign	10-15	years
stating the und			AS A CONSEQUENCE O							C TO	
last.	,		nephroscl								
PART 2. OTHER S	SIGNIFICANT COND	ITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED	TO THE TERMINA	IL DISEASE OF	RCONDITIO	ON GIVEN IN PART	1(a)		
S TT 3 X	217011 101 66	NATION SOR WILL	USU ODER ATION WAS	DEDECORATE	00 4117	20040		OOL IF YES THE	E EINDINGS G	ONCIDEDED IN C	EDTIEVING
19a. DATE OF OPE	KATION 190. CC	INDITION FOR WH	IICH OPERATION WAS	PERFURMED	20a. AUTO		_	20b. IF YES, WER		UNSIDERED IN C	EKTIFYING
210 ACCIDENT V	VAS UNDERLYING	21b. TIME O	r INHIDV	Inia	YES -	-		- Linium in Dark	1 0 0 1	IA 10 \	
	CAUSE OF OEATH	HOUR A.M.	Manth Day Ye	or ZIC.	HOW INJURT OC	LUKKED (EM	ter noture	of injury in Port	1 or Part 2, 1	item 18.)	
OR CONTRIBUTING (If either, natify 21d. INJURY OCC	medical examine		AT HOME EARN CIDECT	19 FACTORY 3   016	LOCATION CA	A D C D A	1.	C'A T		()	Chada
While Nat w	ritito	LALE OF INJUKT	AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	ZIT.	LUCATION STre	at or K.F.U. N	10.	City or Tawn		County	Stote
at wark at w	ark 🖳	L - 1 - 1 - 1 - 1 - 1 - 1	ended the deced		50442	/ 10	25-	to 10 0 L	2/ 10	( ( Ab	A //\ /\ 1
sow the	deceased aliv	re on O	ended the deced	1965	and that in (m	IV) (our) O	ninion d	lenth accurred	on the do	te and haur	and from the
causes	tated abave,	(I) (we) (did)	(did not) view th	e bady afte	er death.	.,, (00., 0	p	iodiii decoiro	. 011 1110 00	TO GITG TIGOT	and nam m
22b SIGNATURE	0		41		ATTENDI	NG —	MED	STAFE		DATE SIGNED	
Coline		5 148	NO III	DE	GREE PHYS.		MED. DIRECTOR			10-26-	-61-
22d. PHYSICIAN'S NAME (Type	Fdra m	W Dit	to, III.	M.n.	22e. ADI			Washing		reet	
` ' ''		M. DIC				Hag		own, Ma			
230. BURIAL, CREMATI	ON, 23b. DA	0/28/68			OR CREMATORY			LOCATION (City o		(County)	(Stote)
REMOVAL (Specific		01 201 08	6 Kes	t Have	en Cemet	ery	140	agerstou	m-Wash	ington	Md.
24. FUNERAL DIRECTO		C.V	ADDRE ADDRE	22		2So. REC'D			REGISTRAR'S		
Kest Ha	ven June	ral (ha	pel Hage	erstown	2. Md.	DATE	OCT 2	2 9 1968	The same	carles &	noge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.

ate be executed within 24 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifi

Page 4 may be retained by the haspital ar attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			7		

	70038		CEK	HIFICAL	IE UF DEATH				with .
	ECEASED-NAME First	usas Eur	Middle		Lost	2a. DATE OF DEATH			2b. HOUR
()	Type or print) Wood	row	W.	Вс	wers	Oct. Mani	24 Day	1968 <sup>ear</sup>	8:15
3. SI	EX	4. RACE		S. I	DATE OF BIRTH	6. AGE (	n years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male	W	nite		7/15/11	lost bi	7 YRS.	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WH	AT COUNTRY? B. M	ARRIED 🔲	NEVER MARRIED	9. COUNTY OF DEATH	05011		
tuoi	Maryland	<b>US</b>		DOWED 🔀	DIVORCED 🔲	WASHIN	GTON		Md.
10. (	CITY OR TOWN OF DEATH HAGERSTOWN	give s	ME OF HOSPITAL OR INSTITUT treet address) I ERN MD. STA		during mo	L OCCUPATION (Kind of ost of working life, even mainten ance	if retired.)	12b. KIND OF E INDUSTRY 1ry) ho	BUSINESS OR spital
	USUAL RESIDENCE (Where deceosission) STATE Marylan	ed lived, if instituti	an: Residence befare 13c.	city or tov	WN 13d. INSIDE CITY LIA		NUMBER		
14.	FATHER'S NAME First	Middle	Lost	15. MC	OTHER'S MAIDEN NAME FI	irst	Middle		Last
	William	H.	Bowers	s	Gert	trude		Holb	rook
	. WAS DECEASED EVER IN U.S. ARM Yes, no or unknown) (If yes give w	NED FORCES? ar or dates of service)	16b. SOCIAL SECURITY NO. 214-03-554	17. INFO	rmant s. Lena Vo	gt Bowers		E. Mai	
	18. CAUSE OF DEATH (Enter on	ly ane cause per lin	e far (a), (b), ond (c).)	3.	Jan Gersty			APPROXIM	MATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSED	D BY: ATE CALISE (a)	Carcinoma of	eson	hagus				Mos.
	150X		S A CONSEQUENCE OF		The same of the last	(2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
	Conditions, if any, which gave)	(b)							
	rise to immediate cause (a), ( stating the underlying couse		S A CONSEQUENCE OF	y 10 11					
	lost.	(c)		1			- 17 - 17		
	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBU	TING TO DEATH BUT NOT RE	LATED TO TH	E TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART	1(a)		
Z	150 X								
CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WH	CH OPERATION WAS PERFORI	MED	20o. AUTOPSY? YES NO	20b. IF YES, WER CAUSES OF DEAT		NSIDERED IN CE	RTIFYING
	210. ACCIDENT WAS UNDERLYIN			21c. HOW	INJURY OCCURRED (Enter	nature of injury in Part	1 ar Part 2, 1t	em 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT		Month Day Year						
ME		PLACE OF INJURY	AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.	21f. LOCAT	ION Street or R.F.D. No.	City or Town		Caunty	Stote
	22a. I certify that (I) (The	S-ASSAMal) atte	ended the deceased fr	om.	1968	, ta Oct.	24, 196	58 , that	(I) (wextenst
	saw the deceased a	live onO	ct. 24 1966 (diddost) view the body	1, and th	not in (my) (XXX) apir	nian death accurred	on the dat	e ond hour o	and from the
	22b. SIGNATURE	191	Len MK	DEGREE	PHYS. LJ DI	IED. STAFF IRECTOR PHYS.	10	0/25/68	
- 6	22d. PHYSICIAN'S NAME (Type) Edwir	G. Rile	y, M.D.			stern Md. S sylvania Ave			n, Md.
23a.	BURIAL, CREMATION, 23b. I	DATE /28/6	8 WEST	TERY OF CRE	er Gentle	23d. LOCATION (City o	Town)	(County)	(State)
24.	EUNERAL DIRECTOR MV	un &	Westmin	istec	DATE OCT		REGISTRAR'S S	SIGNATURE INS	lge.

within 24 haurs after death. funerol **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72th executed O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate. Page 4 may be retained by the haspital or attending physician

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er death.

VR A15 (4) 30M REV. 1/68

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DICAL EXAMINER: This certificate should be executed withth

TO DEPUTY

necessary, please execute the certificate, writing the ward "pending" in

MARYLAND STATE DEPARTMENT OF HEALTH

1. DECEASED-NAME (Type or Print)	First		Midd Al	le len	last Bre	eden	OF	E KNOWN ESTI-	Manth 10	Day	Year 19 6 3	2b. HOUR 4a N
3. SEX Male	4. RACE White	Jung .	12 1899	6. AGE (In years last buthday) 69 YRS	MONTHS DAYS	IF UNDER 24 HOURS		E PRONOUNCE	DEAD Doy	Yeor		2d. HOUR
7o. BIRTHPLACE (Str. country)	ote or foreign	7b. CITIZEN OF V		B. MA	RRIED NEVER A	ARRIED S	COUNTY OF	DEATH ngton				M
10. CITY OR TOWN	ırg	97	NAME OF HOSPITAL	aplin S	t.		IAL OCCUPATION TO THE LABOR TO	g life, even if	rk dane retired.)	12b. KINI INDUSTRY	Farn	NESS OR
130. USUAL RESIDE admission) STA	NCE (Where deceos	sed lived, if inst 13b. COUNTY	itution: Residence <b>Washingt</b>	before 13c. CITY on Sha	OR TOWN rpsburg	YES NO	100. 51.	REET AND NUM	BER			
14. FATHER'S NAME	First Ashby	Midd	lle Bree	last den	15. MOTHER'S M		First	Mi	ddle	J	last	
Canditions, it rise to immestating the clast.	OF DEATH (Enter on	D BY:  ATE CAUSE (o)  DUE TO, (c)  BUE TO, (c)  (c)	Coronal OR AS A CONSEQUE Arteric OR AS A CONSEQUE	nd (c).)  CY OCC.  NCE OF  NCE OF	otic co	ronary	y arte			Su	W. Neproximate veen onset deep deep deep deep deep deep deep de	INTERVAL AND DEATH
420 1 19a. DATE OF	OPERATION		19b. CONDITION WAS PERFO	FOR WHICH OP DRMED?	ERATION						AUTOPSY YES	? NO [ <b>X</b> ]
PRIMARY CAUSE OF DE	OR CONTRIBUTING [	HOUR	P.M.	19	11c. HOW INJURY	100	r nature of inju	ury in Part 1 a	r Part 2, It	em 1B.)		
- Lid. Hisoki c		PLACE OF INJURY ctory, office build	(At home, farm, s ling, etc.)	freet, 2	of Location Stre	et or R.F.D. No.	Ci	ty or Town		County		Stote
WHILE AT WORK				1 1 1	e, held an Au		Inspection	xx In		1	d in m	y apinior

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Health priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death. the funeral directar. Page 4 should be farwarded ta the Chief Medical Exc 5 may be retained far yaur VR A15ME (5) 10M REV. 1/68

23b. DATE Oct. 21-68

23c. NAME OF CEMETERY OR CREMATORY Cedar Lawn Memerial Park

23d. LOCATION (City or Tawn)
Hagerstewn

(State) Wash.

BUREMOYAN (Specify) 24. FUNERAL DIRECTOR

BURIAL, CREMATION

ADDRESS Albert L. Leaf Williamsport Md.

250. REC'D BY REGISTRAR DAT OCT 2 2 15 1968

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15056

DIC	D					
046		CE	RTIFICATE	OF	DEAT	ŀ

	CEASED-NAME	First		Middle		Lost	ATT MIN	2o. DATE OF DEA			2b. HOUR
(1	ype or print)	ALBEF	T	FRANK		BROWN.	SR.	OCTOBER	Month 6 Do	68 Year	5:05 N
3. SE	X		4. RACE			5. DATE OF		6.	AGE (In years ost birthdoy)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	MALE		WHI	re		MARCH	11, 19	006	62 YRS.	MONINS DATS	HOURS MIN
70. [	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRII	ED NEVER MA	RRIED	9. COUNTY OF DEA	TH		
COU	PENNSY	LVANIA	U.S.		WIDOWI		ORCED 🗌	WASHI	NGTON		Mo
10. 0	ITY OR TOWN OF I	DEATH		AME OF HOSPITAL OR IN street oddress)	STITUTION (	If not in hospital		L OCCUPATION (Kirnst of working life,			F BUSINESS OR
	HAGERSTO	WN	W	ASHINGTON	COUNT	Y HOSP.	TUBE	MILL OP	ERATOR	CEMENT	PLANT
13o.	USUAL RESIDENCE	(Where deceos	ed lived, if institut	tion: Residence before			13d. INSIDE CITY LI		AND NUMBER		
Julia	ission) STATE	RYLAND	ISD. COUNTY	ASHINGTON	HAGE	RSTOWN	1 1		BROOKLIN	E AVENU	JE
14. [	ATHER'S NAME	First	Middle	Lost		IS. MOTHER'S	MAIDEN NAME F		Middle		Lost
		LBERT		BROWN			THE	RESA			DDITZ
	WAS DECEASED EV		ED FORCES? or ar dates of service)	16b. SOCIAL SECURITY		7. INFORMANT				HAGERSTO	WN, MD.
	03, 110, 01 01111110111			213-10-69	22	MRS HEI	EN BROW	IN, 337 BR	OOKLINE	AVE,	KIMATE INTERVAL
	18. CAUSE OF DE	ATH (Enter onl	y one couse per li	ne for (o), (b), and (c)			1			BETWEEN	ONSET AND DEATH
	PAKI I. DEA	TH WAS CAUSED	TE CAUSE (o)	Cur	lia	20	lean	yours	che	_ 3	use
	4129		DUE TO, OR	AS A CONSEQUENCE OF				0			/
	Conditions, if only rise to immedia		(b)	arten	is se	leur	in 1	heart o	linear	- a	~16
	stoting the unde		DUE TO, OR	AS A CONSEQUENCE OF							
	lost. 420				-			selves			
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
NO					0						
CERTIFICATION	190. DATE OF OPER	ATION 19b.	CONDITION FOR WI	HICH OPERATION WAS PE	CAUSES OF DEATHS				CONSIDERED IN C	ERTIFYING	
ERTIF	A CORPUT	AC HAID COLVIN	0 100 -000		- la	YES	_				
	21o. ACCIDENT W				21c	. HOW INJURY O	CCURRED (Enter	noture of injury in	Port 1 or Port 2,	Item 18.)	
MEDICAL	(If either, notify	medicol exomir	er) P.M.	1	9		100				
2	21d. INJURY OCC	JRRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f	LOCATION Str	eet or R.F.D. No.	. City or 1	iown	County	Stote
	While Not w	ork	F. 03 FTE VETE								
	220. I certify	that (I) (Ah)	sxhospitall) att	ended the deceos	ed from:	and that in (	, 19_ <u></u>	nion dooth accu	- C , 19	ate and hour	t (I) (Well los
	canses s	toted obove	(I) (we) (did)	(did not) view the	body oft	er deoth.	iik) (biii) obi	mon deom occi	ined on the de	ute and nout	ond from m
	22b. SIGNATURE		, (-) 1232) ()	117	/ ^				22c.	DATE SIGNED	
	2 a	un	ne L	Jack	-66	EGREE PHYS.	ING N	NED. ST IRECTOR P	HYS.   1	0/7/68	
	22d. PHYSICIAN'S				- UZ	22e. AD				+ 15-0	
	NAME (Type)	LAWREN	ICE L PAG	CKER, JR.,	M.D.	145	W WASH	INGTON S	T., HAGE	RSTOWN,	MD.
230.	BURIAL, CREMATIC	N, 23b. I	DATE	23c. NAME OF	CEMETERY	OR CREMATORY		23d. LOCATION (	City or Town)	(County)	(Stote)
	REMOVAL (Specify	1 10	/8/68	REST	HAVE	N CEMET	ERY	HAGERSTO	WN WASHT	NGTON	MD
24,	FUNERAL DIRECTOR		, , , , , , , , , , , , , , , , , , , ,	ADDRESS			2So. REC'D B	Y REGISTRAR	2Sb. REGISTRAR'S	S SIGNATURE?	. 25
6	Parker Yr.	Marie	21	TEACED OMO	T TAT B	EATURE A BIT	DATE OF	T 9 19	58 OCL	marke 0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remays carben papers. Page 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 78 hours giver death. 1 and 2 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR 416 41 30M REV 11/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15057

968

MONTHS

IF UNDER 1 YEAR

INDUSTRY

2b. HOURM

Md.

HOURS

12b. KIND OF BUSINESS OR

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Last

25a. REC'D BY REGISTRAR

1039 Hamilton Middle

	100	20026	CERTIFICATE OF DEATH						
# = # # # # # # # # # # # # # # # # # #		ECEASED-NAME Type or print)	First	Middle		Lost	2o. DATE OF DEATH  Month Do		
death death			George	Henry	Buys		October 13,		
affer and a second and a second a secon	3. SI	Male	4. RACE	Whit	е	S. DATE OF BIRTH Nov. 20, 190	6. AGE (In years lost birthdoy) 6.1 YRS.		
S. Haur		BIRTHPLACE (Stote or foreign			8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH		
in 24 ho iilled in b papers. hin 72 ho	100	ntry) New York	U.S	.A.	WIDOWED	DIVORCED _	Washington		
executed within 24 hours after death at campletely filled in by the fundral amave carban papers. Ages 1 and 3 any event, within 72 haurs the death	1	CITY OR TOWN OF DEATH	give	NAME OF HOSPITAL OR II street address) shington		during m	AL OCCUPATION (Kind of work dane ost of working life, even if retired.)  alesman		
executed within 24 h. and campletely filled in remave carban papers. In any event, within 72 h		USUAL RESIDENCE (Where of issign) STATE  Maryland	leceased lived, if institution 13b. COUNTY Washi	tian: Residence before	Hagers	TOWN 13d. INSIDE CITY L	IMITS? 13e. STREET AND NUMBER 1039 Hamil		
0 0 0	14.	FATHER'S NAME First	Middle Buys	Lost		s. MOTHER'S MAIDEN NAME F	root		
E c S	16a	(es, no. or unknown)		16b. SOCIAL SECURITY 220-09-7	101	Mrs Dorothy	Hamilton Milvo Buys Hager		
requires that the death cellificate by physician a signed by the attending physician e burial-transit permit. Then please a burial, crematian, ar remaval, and in		Canditions, if ony, which a rise to immediate cause stoting the underlying callst.	AUSED BY:  MEDIATE CAUSE (a)  DUE TO, OR  (a).  (b).  JUSE  (c).	Metes te as a consequence of Hy Perm as a consequence of	tie ne Phr	ome of l	condition given in part 1(a)		
attendin has bee ise as the	CERTIFICATION	19a. DATE OF OPERATION  8-2-68  21a. ACCIDENT WAS UNDER	Brzin		or	20a. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?		
PHYSICIAN: e haspital or his certificate stached far u Dept. af Healt	MEDICAL	OR CONTRIBUTING CAUSE	of DEATH HOUR A.M examiner) P.M	. Manth Day Yea	19	OCATION Street or R.F.D. No			
		While Nat while at work of wark							
ATTENDING stained by th CTOR: After t should be de		saw the deceas	ed alive an O C bave, (I) (we) (did	) (did nat) view the	19_68, an e bady after	d that in (my) (o <del>ur)</del> ap death.	inian death accurred an the d		
OR DIRE		22b. SIGNATURE	a- L	Loffma	DEGI	REE PHYS.	MED. STAFF 220 DIRECTOR PHYS.   220		
HOSPITAL ge 4 may FUNERAL rector, pag nould be fil		22d. PHYSICIAN'S NAME (Type)	old A.	40FFm	2~	22e. ADDRESS 2_/4/1/2:	potomic:		
	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE		F CEMETERY OR		23d. LOCATION (City or Town)		
2 2 2 2		REMOVAL (Specify)	Oct.16/6	8 Rest	Haven	Cemetery	Hagerstown,		

FUNERAL DIRECTOR Hagerstown, Md. ADDRESS
Andrew K.Coffman Funeral Home Inc.

amilton Brd. Hagerstown, Md. BETWEEN ONSET AND GEATH mors 1110 mo ION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? re of injury in Part 1 or Part 2, Item 18.) City or Town County State ta Oct. 12, 1968, that (1) (we) last death accurred an the date and haur and from the otomic LOCATION (City or Town) (County) (Stote) Hagerstown, Maryland, 2Sb. REGISTRAR'S SIGNATURE DATO CT 1 8 1968

24. FUNERAL DIRECTOR

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24 hours of

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George Henry Buys Cotober 13,1968 19.45 Wale. hitte Nov.20,1906 61 norphilask www. York W.S.A. Hagerstonn, ashington vo. Hospital Galesman vaic Storm waryland mashington magaretown x 1039 Hp ilton live. footBeC andi Dr. Beter Buys 1029 Hamilton Blvd.
Yes 10.0.2 220-09-7656 gr Dorothy Buys' Kaccretan, Vd. A Local Company of the Company construction of the construction of the standard of the standa 

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES NO 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Caunty State Wash Inquiry 4 and in my opinion Undetermined manner 22b. DATE SIGNED 10-60-64 W. Washington 23d. LOCATION (City or Town) (County) Gettysburg, Pa. 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR DATE OCT 14 Minnich Funeral Home Hagerstowh, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

15058

Year

12b. KIND OF BUSINESS OR

General

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VR A15ME (5) 10M REV. 1/68

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STATE CRAFFIGIA

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME 2a. DATE KNOWN (Type or Print) Yourtee Campbell Rebert ESTI-DEATH MATER DET . 21 AGE (In years 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS 3. SEX 2c. DATE PRONOUNCED DEAD ond 60 birthday) 1907 Mala White 7o. BIRTHPLACE (Stote preign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Washington WIDOWED DIVORCED [ U.S.A Washington in Item 18. Give Pages after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in home) 12o. USUAL OCCUPATION (Kind of work done alang with give street oddress) Keedysville Md RFD during most of working life, even if retired.)
Construction Work Keedysville RFD 1 with the 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? death. 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Washington Keedysville Keedysville Md. RFD YES NO Y hours and 2 after 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Rebert Campbell Annia Lee May Examiner's pages haurs 16h, SOCIAL SECURITY NO. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT be executed within pencil 437 Mechanie St. (Yes, no. or unknown) World War #2 220-10-3578 Mrs. John Line Hagerstewn Md. File 1 within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), opd-(s). permit. PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSCOURNCE OF **burial-transit** Conditions, if ony, which gove rise to immediate couse (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse the . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? execute the certificate. pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.) age WHILE NOT WHILE DAT WORK FUNERAL DIRECTOR: P 22a. I certify that I taak charge of the remains described above, held an Autapsy . Inspection Inquiry retained death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner CHIFF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type ADDRESS(Street, city, town, or county) 0 BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) REMOVAL (Specify) Sharpsburg View Cemetery

VR A15ME (5)

24. FUNERAL DIRECTOR

Albert L. Leaf Williamsport, Md.

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

Wash.

(County)

8P M

2d. HOUR

9:45PM

1968

12b. KIND OF BUSINESS OR

Beyer

APPROXIMATE INTERVAL

20. AUTOPSY?

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County

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Stote

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(Stote)

Maryland

1968

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1. DECEASED-NAME

3. SEX

MALE

(Type or Print)

7o. BIRTHPLACE (State or foreign MARYLAND

10. CITY OR TOWN OF DEATH

State Departmen pup Give pages land 2

after decrit

be executed within 24 hours

DICAL EXAMINER:

death. after ( haurs burial-transit permit. File in any event within 72 Health priar ta burial, crematian, or removal, and 0 OS

CERTIFICATION

MEDICAL

in pencil in Item 18, shauld be farwarded to the Chief Medical Examiner's Office pending This certificate shauld please execute the certificate, writing the ward O FUNERAL DIRECTOR: Page 3 shauld be used Page 4 Vaur far the funeral directar. 5 may be retained necessary, O DEPUT

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CL

6. AGE

48

Middle

EARL

	,		, , , , , , , , , , , , ,
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

'S CE	RTIF	ICATE	OF DE	ATH		15	061	
ING	ERM	Lost A N			20. DATE KNOWN Month OF ESTI- DEATH MATED 6	Doy - 9	Yeor 1964	2b. HOUR
in years rthday) YRS.	MONTHS	DAYS	IF UNDER 2 HOURS	4 HRS. MIN.	2c. DATE PRONOUNCED DEAD  Month Day	Yeor	1968	2d. HOUR
	RRIED X	NEVER MAI	RRIED	9. COU	NTY OF DEATH, Washing fou			Md

. (	ITY OR	TOWN OF D	DEATH	110		11. NAME	OF HOSPITA	L OR IN	STITUTION	(If not in	hospitol
1	NTE	RSTA	TE	70 N	EAR	give street	AR S	PRI	NG,	MD.	
0.	USUAL	RESIDENCE	(Where	deceosed	lived, if	institution	Residence	before	13c. CITY	OR TOWN	13

EMORY

U.S.A.

S. DATE OF BIRTH

7/6/1920

First

HUBER

WHITE

4. RACE

12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDUSTRY
CLERK MACK TRUCKS, INC. 13e. STREET AND NUMBER

RFD 14. FATHER'S NAME Middle

EMORY CLINGERMAN BERTHA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (If yes give war or dates of service) (Yes, no, or unknown) YES

WARFORDSBURG, IZORA E.

18.	B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATI
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Crushing in Jury to chis	18 = ruppine	Immed
1	DUE TO, OR AS A CONSEQUENCE OF		
	inditions, if ony, which gove (b) Clart - Bitatual hemosisto to immediate course (o),	2 thereat +	
	ofing the underlying couse \ DUE TO, OR AS A CONSEQUENCE OF		48 8 4 8 5
last	(c) Hultiple fracturer		

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES P NO

210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY POR CONTRIBUTING

CAUSE OF DEATH 21f, LOCATION Street or R.F.D. No County

21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) City or Town Neat

22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry 2 and in my apinian Accident Q Suicide death resulted fram: Hamicide Natural causes Undetermined manner

CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURI

Edward W. Ditto, III. M.D.

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)

WARFORDSBURG

BURIAL MAYS CHAPEL CHRISTIAN 24. FUNERAL DIRECTOR

2So. REC'D BY REGISTRAR

FULTON PA.

10-10-68

Stote

BOOR

HOWARD J GROVE HANCOCK, MARYLAND

23b. DATE

BURIAL, CREMATION,

funeral Tand 2 er death.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

-d	P	0	10	-	
1	C	U	O	2	

DECEASED-NAME     (Type or print)	First Hassan	Martin	Conno		o. OATE OF OEATH  Month  Do				
3. SEX Male	4. RACE	White	S. DATE OF BI	ber 6,1	October  6. AGE (In years last birthdgy)  YRS.	FUNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.			
7o. BIRTHPLACE (State or foreign country land		C A	RIED NEVER MARI	RIED 9. CO	OUNTY OF DEATH Washington	M			
10. CITY OR TOWN OF DEATH Hagerstown	give :	ME OF HOSPITAL OR INSTITUTION treet address)  a shington Co	. Hospi	during most o	CUPATION (Kind af wark dane f working life, even if retired.) Labor				
13o. USUAL RESIDENCE (Where of odmission) STATE Maryland	deceased lived, if institut	on: Residence befare 13c. (17 ington Hage	rstown		129 West F	ranklin St.			
14. FATHER'S NAME First Les	ster N. (	Connor	Car	oline I	Martin	Last			
16a. WAS DECEASED EVER IN U.: Yes no, or unknown) (If yes	S. ARMED FORCES? es give wat or dates of service)	16b. SOCIAL SECURITY NO. 912-20-2498	Mrs Gla	dys M.I	th Prosbeck, Leggett	reet			
18. CAUSE OF DEATH (En PART 1. DEATH WAS (						approximate interval between diset and geath 16 days			
Conditions, if ony, which is to immediate cause stating the underlying colors.	gave) (b) 2	ACONSEQUENCE OF	cirrhosi	S		Not known			
493V	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
190. OATE OF OPERATION 210. ACCIDENT WAS UNDI	196. OATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?  YES NOTE OF OPERATION NOTE 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?					ONSIDERED IN CERTIFYING			
☐ DR CONTRIBUTING ☐ CAUSE	DF DEATH HOUR A.M. P.M.	Manth Ooy Yeor			ure of injury in Port 1 or Part 2,	, Item 18.)			
While Not while		DEFICE BUILDING, ETC.	1f. LOCATION Stree		City ar Town	Caunty Stote			
220. I certify that (I sow the deceas causes stoted o	220. I certify that (I) (this hospital) oftended the deceased from Oct. 2 , 19 68 , to Oct. 25 , 19 68 , that (I) (we) last sow the deceased alive on Oct. 24 1968 , and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death.								
22b. SIGNATURE	M.D. DEGREE ATTENDING DR DIRECTOR D. STAFF DIVIS. DIVISION DIVISIONI DIVISIONI DIVISIONI DIVISIONI DIVISIONI DIVISIONI DIVISIONI DI PRISIONI DI PRI								
	B. Kneis			Hagers	town, Maryla	ind			
230. BURIAL, CREMATION,	23b. DATE Oct. 28/6		or CREMATORY  1 Cemet		d. LOCATION (City or Town) Hagerstown, M				
24. FUNERAL DIRECTOR Had			ic.	DATE OCT 2		'S SIGNATURE			

within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers, shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hbu **IO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate by Page 4 may be retained by the haspital or attending physician.

VR A15 30M REV. 168

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executed within 24 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth cert

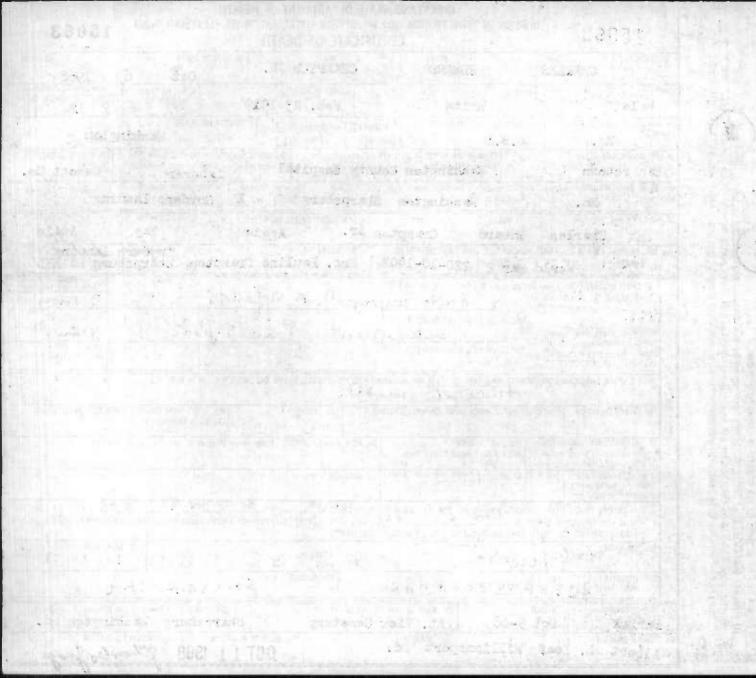
Poge 4 moy be retoined by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15063

					CLIVIII	ICAIL OF	DEATH							
	ECEASED-NAME Type or print) CHAF	First	1911	Middle WARD		CRAMP TO	N JR.	2o. DATE OF	Month Oct	Day 6	Y	1968		HOUR
3. Si	Male A	4. RACI	Whi			S. DATE OF BIR	23 191	•	6. AGE (In year lost birthdoy		MONTHS 7		HOURS !	24 HRS. MIN
	BIRTHPLACE (Stote or foreigntry)  Md 4		S.A	COUNTRY?		IED K NEVER MARR	CED _	9. COUNTY OF		shin	gto	n		М
	CITY OR TOWN OF DEATH Hagerstown		give stree	Hington	Cour	(If not in hospitol  ity Hespi			(Kind of work life, even if ret			(IND OF B STRY enen		
	USUAL RESIDENCE (Where ission) STATE Md.	deceosed lived, i	f institution: OUNTY Wa	Residence before shingto	n Sh	or town arpsburg	YES NO		reet and nume		ing			
14.	FATHER'S NAME First Charl		Middle ward		pten		DEN NAME Fin			ay		Sw	lost ain	
	. WAS DECEASED EVER IN U Yes, ny enknown)	.S. ARMED FORCE yes give wor or dates of Yerld Wa	S? 16b r 2 2	SOCIAL SECURITY	NO. 402	Mrs. Pa	uline (	Crampte	n Sha	ders rpsb	La	ndin Md	RFD	_
	18. CAUSE OF DEATH (ER PART I. DEATH WAS	nter only one cou CAUSED BY: MMEDIATE CAUSE	se per line fo	or (0), (b), and (c)	).) Leyo	earded	info	aut				APPROXIMU ETWEEN ONS	SET AND D	
	Conditions, if any, which rise to immediate cous stating the underlying a lost.	gove) e (o),	(b)	CONSEQUENCE OF	ringe	levet, c	Peart	Tyle	on		Y	ear	~ -	
N	PART 2. OTHER SIGNIFICAL 420/		ONTRIBUTING		NOT RELATE	D TO THE TERMINAL	DISEASE ORCO	ONDITION GIVEN	I IN PART 1(o)	70				
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH (	OPERATION WAS P	ERFORMED	20o. AUTOP	NO 🗌		YES, WERE FINE OF DEATH?	DINGS CO	NSIDERE	D IN CER	TIFYING	
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CAUSI (If either, notify medical	OF DEATH HOI	P.M.	onth Doy Yeor	r 19	. HOW INJURY OCCU			y in Port 1 or I	Port 2, It	em 18.)			
WE	21d. INJURY OCCURRED While Not while at work of work					f. LOCATION Street			or Town		County			tote
	220. I certify that ( saw the decea couses stoted (	I) (this hospit sed alive on_ obove_(I) (we	ol) attende e) (did) (did	I not) view the	sed from 19 68, body oft	and that in (my er death.	, 19 <u>_</u> ¢ /) (our) opir	nion deoth o	ccurred an t	_, 19_ the dot	e ond	, that ( hour o	(I) (wo	e) la: m th
	22b. SIGNATURE	4/10	wsa;		C	DEGREE PHYS.	G P ME	ED. RECTOR	STAFF PHYS.		ATE SIGI	NED 7	68	
	22d. PHYSICIAN'S NAME (Type) Ta	FRH.	SEC	orDA	+R1	22e. ADDR	ESS F	300NS	BIRO	h	d			
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Oct 9-	68	Mt. V	iew (	or crematory Cemetery		Sharps		Wash	-	ten	(Stote)	
24.	FUNERAL DIRECTOR Albert L.	Leaf Wi	lliam	sport 1	yd.		2So. REC'D BY		25b. REGIS			RE Que	fai	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending phys<del>tical and and completely filled in the director, page 3 should be detached far use os the burial-transit permit. Then please remove corbon papers, should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 bar</del> VR A15 (4) 30M REV. 1V68



within 24 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the hospital ar attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

1505%		IVISION OF VI	TAL KECUKDS,		CATE OF		nort, ma	KILAND ZI	201	1506	4
DECEASED-NAME     (Type or print)	First Mar	y	Middle Lucil	le	lost <b>Dan</b>	iels	20. DATE OF	DEATH Month tober	2 Day	1968	2b. HOUR
3. SEX female		4. RACE	white		S. DATE OF B	-1893		6. AGE (In yellost birthdo	eors (NY) NY YRS.	IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or for country) Virginia	reign 7b.	CITIZEN OF WHAT	COUNTRY?	B. MARRIED WIDOWED	NEVER MA	RRIED S	. county of Wa	DEATH	ton		Me
Hagerstow	vn	Wash	of Hospital or Ins		oital		st af warking Hous	(Kind of worldife, even if re	etired.)	12b. KIND OF INDUSTRY HO	BUSINESS OR m e
odmission) STATE MC	d .	13b. COUNTY W			stown		1.00.0.	Gree Gree		ar,Ro	ad
14. FATHER'S NAME Fir E		Middle utland	Last	1	S. MOTHER'S M	AIDEN NAME Fir		Harr	iddle is		Last
Yes, no, or unknown)	N U.S. ARMED (If yes give wor or		b. SOCIAL SECURITY N		INFORMANT • Ken	neth I	aniel		dress erst	own,	Md.
18. CAUSE OF DEATH WART I. DEATH WART I. Conditions, if ony, where to immediate castating the underlying	IMMEDIATE  ich gove use (a),	CAUSE (o)  DUE TO, OR AS A	CONSEQUENCE OF		He	mon		ge locas	i D		MATE INTERVAL NSET AND DEATH  COLUMN  10 GV
lost.	)	(c)		T DELATES 3	CO THE TENNEN	u pierter Opce	AND TON OUR	W MI DARY 1/ 1			
PART 2. OTHER SIGNIF			Clevo	•	O THE TERMINA	AL DISEASE ORCO			me	latio	ب
19a. DATE OF OPERATION	N 196. CON	IDITION FOR WHICH	OPERATION WAS PER	RFORMED	20a. AUTO			YES, WERE FIN S OF DEATH?	IDINGS CON	ISIDERED IN CI	ERTIFYING
21a. ACCIDENT WAS U	AUSE OF DEATH cal examiner)	P.M.	Month Doy Yeor 19		IOW INJURY OC	CURRED (Enter	nature af inju	ry in Part 1 ar	Part 2, Ite	em 18.)	
21d. INJURY OCCURRED While Nat while at wark of wark	D 21e. PLA	CE OF INJURY (AT	HOME, FARM, STREET, FAC ICE BUILDING, ETC.	TORY.) 21f. L	OCATION Stre	et ar R.F.D. No.	City	ar Tawn	334	Caunty	State
22a. I certify that saw the dec	it (I) (this l	naspital) attend	ed the decease	ed fram 9, ar	10/8 nd that in (n		ion death	occurred an	, 19_4 the date		(I) (we) las

causes stated abave, (1) (we) (did) (did nat) view the bady after death.

23b. DATE

10-30-68

MD DEGREE ATTENDING PHYS. 22e. ADDRESS

MED. DIRECTOR

STAFF PHYS.

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type)

22b. SIGNATURA

OR CREMATORY NAME OF CEMETERY

23d. LOCATION (City or Town)

(County) (Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, or remaval, and in any event, within 7 compressions of the death. 23a. BURIAL, CREMATION, BURIAL (Specify) 24. FUNERAL DIRECTOR VR A15 21 30M REV. 168

Rose Hill
ADDRESS Funeral Home Hagerstown, Md.

Cemetery
250. RECD BY

Hagerstown,

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Last Mill Coletery Haderstown Mil.	
Agent of the SPE TAIL TOURS of the terror streams.	and the south of the state of the

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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-73	line.	11	5-	E.
- 10	0.3	4 2	2.3	-

IF UNOER 1 YEAR

INDUSTRY OWN HOME

12b. KIND OF BUSINESS OR

MONTHS

IF UNDER 24 HRS. HOURS

Md.

	DECEASED-NAME First Type or print)	Middle	Lost	20. DATE OF DEATH  Month  Do
2.0	Marc	A RACE Edith	S. DATE OF BIRTH	6. AGE (In years
3. S				last birthday)
7-	FEMALE BIRTHPLACE (State or foreign	WHITE 7b. CITIZEN OF WHAT COUNTRY?	NOVEMBER 19,	9. COUNTY OF DEATH
	intry) MARYTAND		8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	WASHINGTON
10	CITY OR TOWN OF DEATH	U.S.A.		L OCCUPATION (Kind of work done
E	IAGERS TOWN	give street address) WESTERN MD.	STATE HOSPITAT	ast of warking life, even if retired.)
	USUAL RESIDENCE (Where deceose nission) STATE MARYLAND	d lived, if institution: Residence before 13b. COUNTY WASHINGTON		MITS? 13e. STREET AND NUMBER
14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME F	
	LOUIS	XKKNKK NATU		
	. WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SECURITY N		1317 Address (
		r or dates of service) 213-48-41	64 MRS JEANNETTE I	DANZER HAGERSTOW
	18. CAUSE OF DEATH (Enter only	ane couse per line far (a), (b), ond (c).	B 11	
	PART I, DEATH WAS CAUSED	BY: TE CAUSE (a)	Dronche hr	elumana
	4129	DUE TO, OR AS A CONSEQUENCE OF	C+ 10	4 / 1
	Conditions, if any, which gave rise to immediate cause (a),	(b)	Merjoscher	du heart
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	disease	
Ш	last. 4200	(c)		
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN BART I(a)
NO.	190. DATE OF OPERATION 19b. C	ONDITION OR WHICH OPERATION WAS PE	REFORMED 20a, AUTOPSY?	20b. IF YES, WERE FINDINGS,
CERTIFICATION	170. DATE OF OPERATION 170. C	ONDITION OR WINCH OPERATION WAS PER	YES NO	CAUSES OF DEATH?
			21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Part
MEDICAL	(If either, notify medical exomin-	er) P.M. 19		
2	21d. INJURY OCCURRED 21e. I While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY.) 21f. LOCATION Street or R.F.D. No.	City ar Tawn
	22a. I certify that (A) (this	s hospital) attended the decease	ed from 11 - 30 196	6, 10 10-26, 1
	sow the deceosed at	ve on 26 1 (1) (we) (did) (did not) view the	968, and that in (my) (our pi	nion deoth occurred on the c
	22b. SIGNATURE	1500 a ma	^	IED. STAFF
	Caum	1) Role /11	DEGREE PHYS.	IRECTOR PHYS.
	22d. PHYSICIAN'S NAME (Type) EDWN	RILEY, M.D.	22e. ADDRESS WESTERN MA	ARYLAND STATE HO
230	1. BURIAL, CREMATION, 23b. D	ATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)
	REMOVAL (Specify) BURIAL	9/29/68 ROSE	HILL CEMETERY	HAGERSTOWN WASH
1	FLINERAL DIRECTOR	ADDRESS	2So. REC'D B	Y REGISTRAR 1968 REGISTRAR
10	-Kailso m Lauger	HAGERSTOWN	MARYLAND DATE	مر ماما ماما

N YES NO [	1317 OAK HILL	AVE.
R'S MAIDEN NAME First	Middle	Lost
ANNIE	R	MYERS
NT	1317 Address OA	K HILL AVE.
EANNETTE DANZ	ZER HAGERSTOWN,	MARYLAND
1 1		APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
he pre	uniona	3d
relevot	uniona le heart	
seuse		
RMINAL DISEASE OR CONDITI	ON GIVEN IN BART 1(a)	100111
surgrea	absence of	Left hiches
. AUTOPSY?	20b. IF YES, WERE FINDINGS CONS	SIDERED IN CERTIFYING
YES NO	CAUSES OF DEATH?	0
RY OCCURRED (Enter noture	of injury in Port 1 or Part 2 Iter	n 18.)
Street or R.F.D. No.	City ar Tawn	Caunty Stote
20 10//	10 7/ 10/	0 11 170/6
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in (My) (our spinion (	aeom occorred on me dure	ond noor ond from the
TTENDING MED.		E SIGNED
TTENDING MED. HYS. DIRECTO	R D STAFF PHYS. 10	-27-6A
e. ADDRESS	TAND OWNER WOOD	TH OFFICE OF BI
	LAND STATE HOSP	
ORY 23d.	LOCATION (City ar Tawn)	(County) (State)
TERY HAC	ERSTOWN WASHIN	GTON MD.
2So. REC'D BY REGI	STRAR 1968 REGISTRAR'S SIG	GNATURE
D DATE UCL	00 1000	Land June

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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- (	CERT	IFI	CATE	OF	DEA	TH

15066

	CENTIFICATE OF DEATI		10000
1. DECEASED-NAME First . Middle	e Lost	20. DATE OF DEATH	2b. HOUR
(Type or print) Violet Susai	n Davis		19 1968 10:40V
SEX 4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White	2-2-97	lost birthdoy)	S. MONTHS DAYS HOURS MIN.
b. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
VIRGINIA UNITED STATES		WASHINGTO	)N
		SUAL OCCUPATION (Kind of work done	
HAGERSTOWN Give street oddress) WESTERN M	ID. STATE HOSPITAL	most of working life, even if retired.	) INDUSTRY Hotel
Bo. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	before 13c. CITY OR TOWN 13d. INSIDE CI		
Maryland Washingto	n Hagerstown YES	NO 40 So Mulbe	rry St
4. FATHER'S NAME First Middle	Lost 15. MOTHER'S MAIDEN NAM	E First Middle	Lost
BISHOP	DAVIS E 707	na Price	/
60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)		Address	25414
No.	Miss Ena Da	vis Charles To	wn W. Va.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b),	ond (c).) Box #	125	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ROTHA Abdoreen	Primary Undetern	nined 4 mos,
1950 DUE TO, OR AS A CONSEQUE			
Conditions, if ony, which gove)			
rise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUE	NCE OF		
stoting the underlying couse DUE 10, OR AS A CONSEQUE	ICE OF		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	DIST NOT DELATED TO THE TERMINAL DISEASE	OR CONDITION CIVEN IN DART 1/a)	
1000		SKEONDITION OIVER IN PART 1(0)	
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION		20h IF YES WERE FINDINGS	CONSIDERED IN CERTIFYING
A I	YES \ NO	CAUSES OF DEATHS	CONSIDERED IN CERTIFICATION
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY		inter noture of injury in Part 1 or Port 2	2 Item IR\
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy	Yeor	mer metere or injury in rail 1 or rem .	2, 110111 12.4
OR CONTRIBUTING CAUSE OF DEATH  (If either, notify medicol exominer) P.M.  21d. INJURY OCCURRED  While Not while 1 21e. PLACE OF INJURY (AT HOME, FARM, 90 OFFICE BUILDING, OFFI	STREET, FACTORY, 1 21f LOCATION Street or R.F.D.	No. City or Town	County Stote
THING I WON WING	EC. The Education Street of Karlot	tto.	2,0011
ot work ot work 22a. I certify that (I) (this hospital) attended the d	locogead from 10 = 3	068 to 10-19 1	9 68 that (1) () 1/2
saw the deceased alive an 10 -19	1968 and that in (my) (vor)	apinian death accurred on the	dote and hour and fram t
causes stated abave, (I) (we) (did) (did not) vie	w the body after death.		
22b. SIGNATURE	ATTENDING -	MED. STAFF 52	R. DATE SIGNED
Domingo N. Garcia	DEGREE PHYS.	DIRECTOR PHYS.	October 19, 1968
22d. PHYSICIAN'S	22e. ADDRESS		
NAME (Type) DOHINGO A. GARCIA	Western	Moryland State	
	AME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
BWY (8°1') 10/22.68 Edge	Hill Cemetery Ch	arles Town W.	Va Va
4. FUNERAL DIRECTOR HAGE SCOWN MO A	DDRESS 2So. REC'	D BY REGISTRAR 25b. REGISTRAR	R'S SIGNATURE
Andrew K. Coffman Funera	1 Home Inc. DATE	7 , 2 1968 Icha	way Judge

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours offn Page 4 may be retained by the hospital or attending physician. Pop P **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by directar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in any event, within 72 hay

ofter death. the Nateral

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1900d mashington Mascratown 140 so Welberry St Eduly 53 SINCE les en pavir bharles lown h. Fa. 0x # 125 of mesay; ... into setarat Atatan of 111; son sone into the into

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		15057	7			CERTIFIC	ATE OF	DEATH			15067	7
		CEASED-NAME	First		Middle		Lost	N. D.	2o. DATE OF		М.	2b. HOUR
	(1	ype ar print)	Jame	5	S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UN		7:05					
	3. SE	Male	15=	4. RACE Whi	te					6. AGE (In years lost birthdoy) 81 YRS.		IF UNDER 24 HRS. HOURS MIN
	7o. E	RTHPLACE (Stote or fore try)  Maryland	eign 7	b. CITIZEN OF WH		8. MARRIED WIDOWED	NEVER MA	RRIED	9. COUNTY OF WAS	DEATH FINGTON		A
1		ITY OR TOWN OF DEATH HAGERSTOWN		11. NA	ME OF HOSPITAL OR IN treet address) TERN MD.	STITUTION (If r	nat in haspital	12a. USU during m	AL OCCUPATION ost of working Genera	(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	FBUSINESS OR Fruit
/		USUAL RESIDENCE (Wher ssion) STATE Mary Lar	e deceased	lived if instituti	an: Residence before	13c CITY OF	TOWN	13d. INSIDE CITY I	IMITS? 13e. ST	eet and number oute 5		
	14. F	ATHER'S NAME First		Middle	razi	Contract 1	S. MOTHER'S N	AIDEN NAME		Middle		Lost
			enk		Dayhoff				Martha		Bake	er
	16a. Y	was deceased ever in es, no, or unknown)		or dates of service)	16b. SOCIAL SECURITY 214-09-9		INFORMANT	perta	Dayhof	Address f Hagers		
		18. CAUSE OF DEATH (			e for (a), (b), and (c)	.)						ONSET AND DEATH
d		PART I. DEATH WA	S CAUSED E IMMEDIATE	BY: CAUSE (a)	Metastatio	carci	noma c	of the	lung		3 r	months
		188X			S A CONSEQUENCE OF				X 143			
		Conditions, if ony, which rise to immediate cou		(b)(	Carcinoma	of the	blade	ler			15	years
		stating the underlying		DUE TO, OR A	S A CONSEQUENCE OF							
H		PART 2. OTHER SIGNIFIC	ANT CONDI	TIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED T	O THE TERMINA	AL DISEASE OR	CONDITION GIVE	IN PART I(o)		
85	N	Arterio	scler	otic car	diovascul	ar di	sease.					
2	CERTIFICATION	19a. DATE OF OPERATION	19b. CO	NDITION FOR WH	CH OPERATION WAS PE	RFORMED	20a. AUTO		CALICES	YES, WERE FINDINGS C OF DEATH?	ONSIDERED IN C	ERTIFYING
	DICAL CER	21a. ACCIDENT WAS UN ☐ OR CONTRIBUTING ☐ CAL (If either, natify medical	ISE OF DEATH	HOUR A.M. P.M.	Manth Day Year	9			5 PM	y in Part 1 ar Port 2,	Item 18.)	
	ME	21d. INJURY OCCURRED While Nat while at wark	21e. Pl	LACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.					or Town	County	State
		22a. I certify that saw the dece causes stated	(I) ( <b>1%i</b> ased aliv habave, I	(I) (3034) (did)	ended the decease 15 (dictional) view the	ed from_ 19 <u>68</u> , an bady after	d that in (n death.	ny) ( <b>30%)</b> ap	inian death o	iccurred on the do		t (I) (w26754a and fram th
		22b. SIGNATURE	ont	ch	son He	au DEG			MED. DIRECTOR	STAFF PHYS.	DATE SIGNED LO/16/66	
E		22d. PHYSICIAN'S NAME (Type)	Chon	g C. Har			150	DRESS Wes	sylvani	ryland Sta a Ave., Ha	ate Hosp	oital
		BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DA	т -18-196		Hill	Ceme:	tery	Hage	on (City or Tawn)	(County) Md.	(State)
		FUNERAL DIRECTOR			ADDRESS			2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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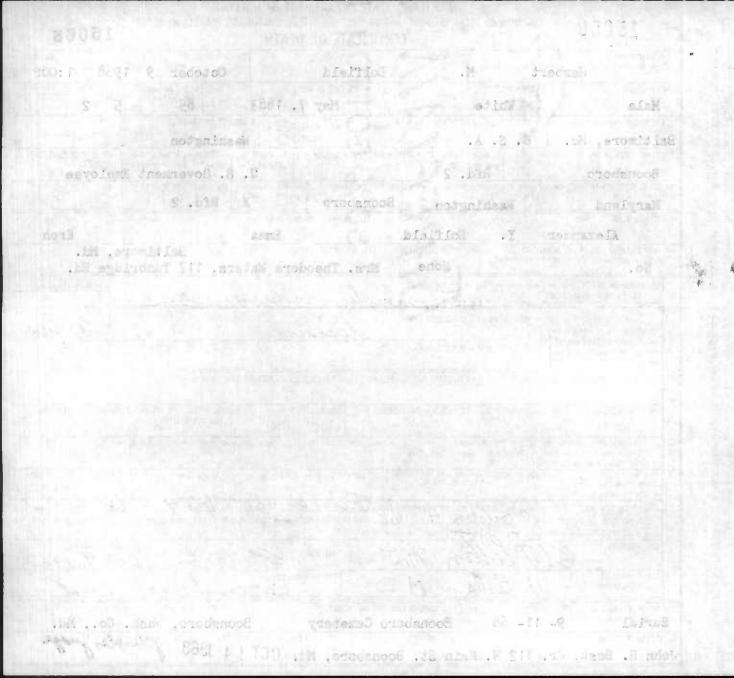
				CERTIFIC		DEATH					
1. DECEASED-NAME (Type or print)	First	Maria I	Middle		Lost		20. DATE OF		Day - Co V		b. HOUR
	Herber		M.	Dolf	ield		Oct	ober 9			OP
3. SEX		4. RACE		50.00	5. DATE OF			6. AGE (In years	IF UNDER		RS MIN
Male		Whit	e		May	7, 1883		85 birthday)	RS. <b>5</b>	2 HOU	
o. BIRTHPLACE (State		76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER M	ARRIED 9.	COUNTY OF	DEATH			
Baltimore	, Md.	U. S.	A.	WIDOWED	DIV	ORCED 🔲	Washin	gton			1
O. CITY OR TOWN OF	DEATH		AME OF HOSPITAL OR I street oddress)	NSTITUTION (If n	ot in hospitol			Kind af wark do fe, even if retire		IND OF BUSIN	iess or
			tion: Residence before	13c, CITY OR	TOWN	13d, INSIDE CITY LIMIT		EET AND NUMBER		yee	
odmission) STATE		13b. COUNTY		Boons		YES NO		1. 2			
4. FATHER'S NAME	First	Middle	Lost	15	. MOTHER'S	MAIDEN NAME Firs	st	Middle		Lo	st
Al	exander	Y.	Dolfiel	d		Duma				Kro	h
60. WAS DECEASED E	VER IN U.S. ARME		16b. SOCIAL SECURITY	Y NO. 17. I	NFORMANT			Baltin	ore. P	fd.	
Yes, no, or unknow	n) (IT yes give wai	or dates of service)	None	Mrs	. The	odore Wa	ters.				
		one rause per li	ne for (9), (b), and (		4.			1		APPROXIMATE IN	
	ATH WAS CAUSED	BY:	4	lon in	11 0	archo	17710	ulen -	88	ETWEEN ONSET A	HI A SO OF
4120	IMMEDIAT	E CAUSE (a)	one as	·	-	0 4770	Vaves				
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stating the und		DUE TO, OR	AS A CONSEQUENCE O	F							
lost.	)	(c)									
PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBL	JTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR COL	NDITION GIVEN	IN PART 1(a)			
= 4221											
19a. DATE OF OPE	RATION 19b. C	ONDITION FOR WI	HICH OPERATION WAS A	PERFORMED	20a. AU	TOPSY?		YES, WERE FINDIN	GS CONSIDERE	D IN CERTIFY	ING
읦					YES	□ NO □	CAUSES	OF DEATH?			
210. ACCIDENT V	WAS UNDERLYING	21b. TIME O	F INJURY	21c. H	OW INJURY O	CCURRED (Enter r	noture of injury	in Port 1 or Par	t 2. Item 18.)		
₹ por contributing	CAUSE OF DEATH			ır							
OR CONTRIBUTING (If either, notify 21d. INJURY OC	medical examine		/ AT HOME, FARM, STREET, I	19 FACTORY, 1 216 LG	CATION Str	eet or R.F.D. Na.	City	or Tawn	County	,	State
While Nat v	vhile	Dice of Hooki	OFFICE BUILDING, ETC.	7 211. 10	A A	cer or k.r.b. iva.	city	51 TUWII	Cuomi		Sidie
at work at w	ark — /// ///	1	1.1.0	11	1	7 10/	F 40 /5	79	10/6	41 . 1 (1)	( - ) 1
ZZa. I certify	thor (i) (this	naspiral) att	ended the decea	sed from X	d that in (	mu) (aus) anini	ion doath a	courred on the	data and	haur and	(we)
causes s	stated abave	(1) (we) (did)	(did got) view the	e hody after	death.	iliy) ( <del>oor)</del> upitil	ion deam d	ccorred on me	dore and	naur ana	HOHII
22b. SIGNATURE	0	(1) (10) (0,0)	(4.201) 11011 111	o body arror				T	22c. DATE SIGI	NED	
	-51	VZer	lan M	DEGR	11113.	DIR	D. ECTOR	STAFF PHYS.	oct		68
22d. PHYSICIAN'S NAME (Type		U. Re	Van M	(.D	22e. Al	DORESS	ons	boro,	2	nd	
3a. BURIAL, CREMATI			23c. NAME O	F CEMETERY OR	CREMATORY		23d. LOCATION	(City or Town)	(Count	ty) (St	tate)
Bury At Specif	y) 9-	11- 68	Boons	boro Ce	meter	7	Boonsb	oro, Was	h. Co.	, Md.	
24. FUNERAL DIRECTO	R		ADDRES	SS				25b. REGISTE			P.

John H. Bast, Jr. 112 N. Main St. Boonsbore, Mahare OCT 14

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Limeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A15

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

Page 4 may be retained by the haspital ar attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	age 4 may be retained by the haspital or attending physician.	4	.=	shauld be filed with the State Dept. of Health prior ta burial, cremation, ar remaval, and in any event, within 😢 Hooss, After death.

1. DECEASED-NAME (Type or print)	First Middle ELWOOD	Dougl A		2a. DATE OF	26, 1968	y Year	3b. Hour 5 : 05
3. SEX MALE	4. RACE WHITE	5. DATE 12/	18/1895		6. AGE (In years 712t birthday) YRS.	MONTHS DAYS	HOURS MIN
7a. BIRTHPLACE (State or foreign country) PENNSYLVANIA	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVE	ER MARRIED CONTROL OF	WASH!	DEATH NGTON		٨
IO. CITY OR TOWN OF DEATH HAGERSTOWN	11. NAME OF HOSPITAL OR IN	HOSPITAL	during ma	st of warking	(Kind of work dane life, even if retired.)	INDUSTRY	BUSINESS OR ATION
odmissian) STATE MARYLAND	eceosed lived, if institution: Residence before 13b. COUNTY WASHINGTON	13c. CITY OR TOWN		□ 161	S WABASH	AVE	
14. FATHER'S NAME First WILLIAM	Middle Lost WATSON DOUG	GLAS	R'S MAIDEN NAME FI	rst	Middle	BREV	VER
16a. WAS DECEASED EVER IN U.S Yes, na, or unknown) (If yes NO	. ARMED FORCES? give wor or dates of service)	NO. 17. INFORMA BERTH		IGLAS	1615 WAB		/E
PART I. DEATH WAS C.	er only one cause per line for (a), (b), and (c) AUSED BY: MEDIATE CAUSE (a)	chal To	hunberter	~			IMATE INTERVAL ONSET AND DEATH
Conditions, if any, which g	(a), (b) (b) (c) (c)	al all	110 yeler	exes		Me Yea	any
stating the underlying colors.  PART 2 OTHER SIGNIFICAN	(c)		RMINAL DISFASE ORCO	ONDITION GIVE	N IN PART 1(a)		
19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDE	196. CONDITION FOR WHICH OPERATION WAS PI	act Occ ERFORMED 200	AUTOPSY?	20b. IF	YES, WERE FINDINGS ( OF DEATH?	CONSIDERED IN C	ERTIFYING
210. ACCIDENT WAS UNDE	F DEATH HOUR A.M. Month Doy Year		RY OCCURRED (Enter	noture of inju	ry in Part 1 or Part 2,	Item 1B.)	
	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FJ OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION	Street or R.F.D. No.	City	or Town	County	State
saw the decease	this haspital) attended the deceased alive an	19 68, and that	in (my) (aur) apir	nian death o	accurred an the de	<i>@Z</i> _, that ate and haur	(1) (we) lo and fram th
22b. SIGNATURE	Christa		TTENDING MI HYS. DI	ED. RECTOR	STAFF PHYS.   22c.	DATE SIGNED	168
22d. PHYSICIAN'S NAME (Type)			e. ADDRESS			1 17	
DE1401414 (C : 1 )		CEMETERY OR CREMAT			ON (City ar Town)  HANCOCK 25h REGISTRAR	(County)	(Stote)

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			in the District State of the Control	
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d in by the funeral pers. Pages 1 and 2

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camples director, page 3 shauld be detached far use as the burial-transit permit. Then please remave tay shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event

Page 4 may be retained by the haspital ar attending physician.

15060

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15070 CERTIFICATE OF DEATH

1968

DATE OCT

	(Type or print) RU	BY RE	BECCA ]	FLEAGLE		CTOBER anth 1	Day 1 968	8:35 <sub>M</sub>
3.	FEMALE	4. RACE WHIT	E	S. DATE OF BIRTH	/1887	6. AGE (In year	YRS. IF UNDER 1 YEAR MONTHS DAYS	
70 co	BIRTHPLACE (State or fareignatry MARYLAND	gn 7b. CITIZEN OF WHAT U.S.A	INIM	RRIED NEVER MARRIE		WASHINGTO	ON	Md
	HAGERS TOWN	N giv <b>e∆t</b> N	A DION MANO	N (If not in hospital R INC •	120. USUAL OC duri H OUS	CUPATION (Kind of work	dane 12b. KIND (INDUSTRO	OF BUSINESS OR
13c	o. USUAL RESIDENCE (Where mission) WATRYLA	ND 13b. COWASH	Residence before INGTON H	AGERSTOWN	INSIDE CITY LIMITS?	13e. STREET AND NUMB 22 NORTI		
			USHBAUGH	1S. MOTHER'S MAID	EN NAME First	LIE I	BAK	
16	a. WAS DECEASED EVER IN U Yes, No unknown) (If		6. SOCIAL SECURITY NO. 50-07-559	8 MRS. VI	OLET B		MD.	
	PART I. DEATH WAS	DUE TO, OR AS A	CONSEQUENCE OF	Cobeles Extenses Cerelus	2 0	mossico Cascala wondosi	BETWEEN LF-	ionset and death
CEDTIEICATION	Dial	NT CONDITIONS CONTRIBUTION  LET LELL  19b. CONDITION FOR WHICH	Hur		2010	TION GIVEN IN PART 1(a)  20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERED IN	CERTIFYING
MEDICAL CED		exominer) HOUR A.M. A	Manth Doy Year	21c. HOW INJURY OCCUR	RED (Enter not	ure af injury in Part 1 or P	ort 2, Item 18.)	
AA	While Not while at work		FICE BUILDING, ETC.	21f. LOCATION Street of		City ar Town	County	State
	saw the decea	(I) (t <del>his hospi</del> tal) attend sed olive an OC obove, (I) (we) ( <del>did)</del> (di	1963	and that in (my)	, 19 <u>6</u> / (o <del>ur)</del> apinior	deoth occurred on t	, 19 <u>6</u> , tho he dote ond hou	it (I) (w <del>e) l</del> ast r ond from the
	22b. AGNATURE	2 w Dix	o m	DEGREE PHYS.	MED. DIRECT		22c. DATE SIGNED 10-2-	6 6-
	NAME (Type) Ed	ward W. Ditto	, III, M.D.	22e. ADDRES	" 217 W. Hager	Washington stown, Maryl	Street and	
23	g. BURIAL CREMATION.	23b. DATE 10/4/68	ROSE HI		23	d. LOCATION (City or Town HAGERSTOW)	WASH.	(State) MD •
24	CHNEDAL DIDECTOR		ADDDECC	20	DEC'D DV DE	CISTRAD 256 DEGIS	TDAD'S SIGNATURE	

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Pages 1 and 2 within 24 hours after death. Itely filled **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages should be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

VR A15 41 8

15062

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15072

	EASED-NAME	First		Middle	74	Lost		2a. DATE OF D	EATH		2b. HOUR
(Typ	pe ar print)	Hillar	d u	1		French		1	October Do	31 1968	N
3. SEX			4. RACE			S. DATE OF E	BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male			White		Sepi	tember 1	1.1904	lost birthday) YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (State or	foreign 7b	CITIZEN OF WHAT	COUNTRY?	8. MARR	IED 🔀 NEVER MA		COUNTY OF D			
BAN	2 Pool Ma	4	USA		WIDOW	-	ORCED	Wast	rington		Mc
	Y OR TOWN OF DEA			OF HOSPITAL OR IN	TITUTION	(If not in hospital		OCCUPATION (	Kind of work done	12b. KIND OF E	BUSINESS OR
1	Hagerston	on.	Wash	ington (	o Ho	spital	during mos	ontrac	te, even if retired.)	Paint	E Glass
30. U	SUAL RESIDENCE (W	here deceosed	ived, if institution:	Residence before		OR TOWN	13d. INSIDE CITY LIMI	175?   13e. STRE	ET AND NUMBER		
admiss	Mary	and	Washing	ton	Hage	erstown	YES NO	1049	7 Beechwo	od Drive	1
4. FA	THER'S NAME	First	Middle	Lost		IS. MOTHER'S N	MAIDEN NAME Fire	st	Middle		Last
	Wil	liam	Howard	Frenc	ch	100	Christi	anne		K	line
16a. V	WAS DECEASED EVER	IN U.S. ARMED		. SOCIAL SECURITY	NO.	17. INFORMANT			Address	agerstow	m, M
163	s, no or unknown)	(it yes give were	21	4-09-843	30	Mrs-Mab	el E. Fre	ench 10	149 Beech		
1	8. CAUSE OF DEAT	TH (Enter anly a	ne cause per line fo	or (a), (b), and (c).	)					APPROXIM GETWEEN ON	MATE INTERVAL NSET AND OFATH
-1	PART I. DEATH	WAS CAUSED B'		IW	120	ned				3	of his
	4/20		DUE TO, OR AS A	CONSEQUENCE OF			0	-		1.	
	Conditians, if any, v rise to immediote		(b)	na	my	mese	les,	ny		J	را
	stoting the underly		DUE TO, OR AS	CONSEQUENCE OF		1. A.	10.	1.	De.	1	
la la	ast. 420	)	(c)	ullu	170	kerole	7 00	an	· Wy	1	eay,
	PART 2. OTHER SIGN	IIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT N	OT RELATE	D TO THE TERMIN	AL DISEASE OR CO	NDITION GIVEN	IN PART 1(0)	/	
N L	Ht Muso	Ender	I kufu	rely,	KYC	race	1 Cur	un	gen	er!	
CERTIFICATION	9a. DATE OF PERAT	ION 19b. COM	DITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUT			VECWERE FINDINGS	CONSIDERED IN CE	RTIFYING
E L						YES					
	or contributing		HOUR A.M. M	URY lonth Day Year	21	c. HOW INJURY O	CCURRED (Enter I	nature of injury	in Part 1 or Part 2,	Item 18.)	
	If either, natify me	dical examiner)	P.M.	19			200				
	21d. INJURY OCCURI While \to Nat while	RED 21e. PL/	CE OF INJURY (AT 1	IOME, FARM, STREET, FAI ICE BUILDING, ETC.	TORY.) 21	f. LOCATION Stre	eet or R.F.D. Na.	City o	r Tawn	Caunty	State
	t wark ot wark					MC	1-1-		11.00		
1	22a. I certify th	not (I) (this I	naspital) extend	ed the decease	ed From	A SE	1901	, ta	curred on the d	9, that	(I) (we) las
	couses sto	ted above (1	) (we) (did) (dia	not) view the	hody of	ter death.	ny) (our) apin	ran aeam oc	curred on the d	ate and naur o	ona from the
2	22b SIGNATURE		1//	1		11				DATE SIGNED	10
1	14.5/1	and	1/3	2 John	nd	DEGREE PHYS.	ING DIR	D. RECTOR	STAFF PHYS.	no	168.
1	Zd. PHYSICIANS	19	LN	521-1		/ 22e. AD	DRESS/		6 . ( )	4.	1
Ľ	NAME (Type)	1cha)	d 11	SINT	OYO	1	Tag	re rs	own,	Ma	-
	BURIAL, CREMATION,	23b. DAT	110	23c. NAME OF	CEMETERY	OR CREMATORY	- /	23d. LOCATION	(City or Town)	(County)	(State)
	REMOVAL (Specify)	111/-	3/68	Rest	Have	en Cemet	ery	Hagers	town-Wash	ingtone	1d
	UNERAL DIRECTOR	WZ	4. He	10 ABDRESS			2Sa. REC'D BX	PEGISTRAR	25b REGISTRAR	SIGNATURE	
Re	st Haven	Tunera	L Chanel	Hager	stow	2. Md	DATE	4	JOB KO	larley &	udat

15022				e against
- \$100 YE -	10000	rome.	Tall to	Notice
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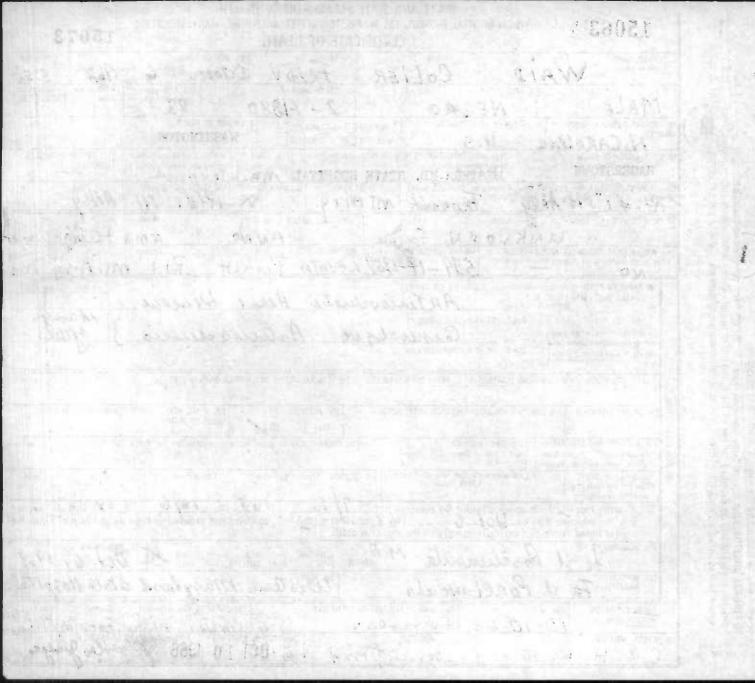
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

, 301 W. PRESTON STREET, BALTIMORE, MARYLAN
CERTIFICATE OF DEATH

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-3	my	6.2	1	1
	5	3.7	4	2

the funerol sages I and 2 us after death.			ASED-NAME First Middle Lost 20. DATE OF DEATH OCTOBER Manth 6 Day 196 gar 5:50 M
ne l	20	2 65	
the funerol	i.a.	3. SE	Last Light and House Course the
Pag th	1		TALE NEGRO 2 - 1-1380 YRS.
in by the Page 2 hours		7o. E	THPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH
Davis			N. CAROLINA U.S WIDOWED DIVORCED WASHINGTON Md.
filled pope thin 3/7		10. C	OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.)  12b. KIND OF BUSINESS OR during most of warking life, even if retired.)
bon	91	12	MESTERN MD. STATE HOSPITAL MBINTEN PACE
cian and completely fille leose remove corbon po ond in ony event, within		13o.	UAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. SIREET AND NUMBER
om ev	10	durin	7. FINTE AIRS COUNTY Frederick NIT AIRY YES NOW 171#1 14. AIRY
dnd c remo	1	14. F	HER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
- 등 등 근	d.	-	UNKNOWN Fridy ANNE NMM FLUNGOLANGE
eose		16a.	AS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 117. INFORMANT , Address
physician en pleose ovol, ond		Y	no, or unknown) (If yes give war or dates of service) 579-14-1959 LOVATA PINKETT RTI MT. AIZY Md.
g p			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the ottending principle of the otten of the			PART I. DEATH WAS CAUSED BY:
then frmi			DUE TO, OR AS A CONSEQUENCE OF Many
e o	100		anditions if any which gave
th inside			DUE TO OR AC A CONCEDURACE OF
d b			ofing the underlying couse to, OK AS A CONSEQUENCE OF
signed by the ottending physical-tronsit permit. Then purial trempton, or removol,			ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
si si c	- 1		11.2. Office storm conditions contributing to bearing of not received to the terminal disease or condition of the first individual of the first indivi
icate hos been sor use os the Heolth prior to the	- 12	NOI	DO DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
os to os pric	. )	CERTIFICATION	YES NO CAUSES OF DEATH?
e h use	ox	ERT	la. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)
this certificate letached for u			OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor
ed ed .		MEDICAL	feither, notify medical examiner) P.M. 19
fter this certifue detached State Dept. of		-	1d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.  21f. LOCATION Street at R.F.D. No. City or Town County State  County State
det te D			wdik diwdik
Affer be o			2a. I certify that (I) (this hospito) ottended the deceosed fram, 19 62, ta, 19 62, ta
the de	151		couses stated above, (I) (we) (did) (did nat) view the body after death.
5 St			2b. SIGNATURE / L. 22c. PATE SIGNED
DIRECTOR: After this certificate hoge 3 should be detached for use ed with the State Dept. of Heolth			do U. Poseumoula DEGREE PHYS. DIRECTOR DIRECTOR DOCT. 6, 1968
file of			ed. PHYSICIAN'S
ERA Joe	-	Ε,	NAME (Type) FE U. L'ORCIUNCULA. Western Maryland State Hospital
FUNERAL DIRECTOR: A director, page 3 should should be filed with the		23a.	URIAL_CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
D ip di			EMOVAL (Specify) 10-10-68 Evergreen Winsten SALEM Forsigh N.C.
	145	24.	NERAL DIRECTOR , ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
VR A15 30M REV.	1/68		. E. HICKG. III Frederick, md. DATE OCT 10 1968 goliantes Judge.



the funeral ages 1 and 2

after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely Alfed in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers: Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 30M REV. 148

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

YLAND 21201

~~~	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAR
15064	CERTIFICATE OF DEATH

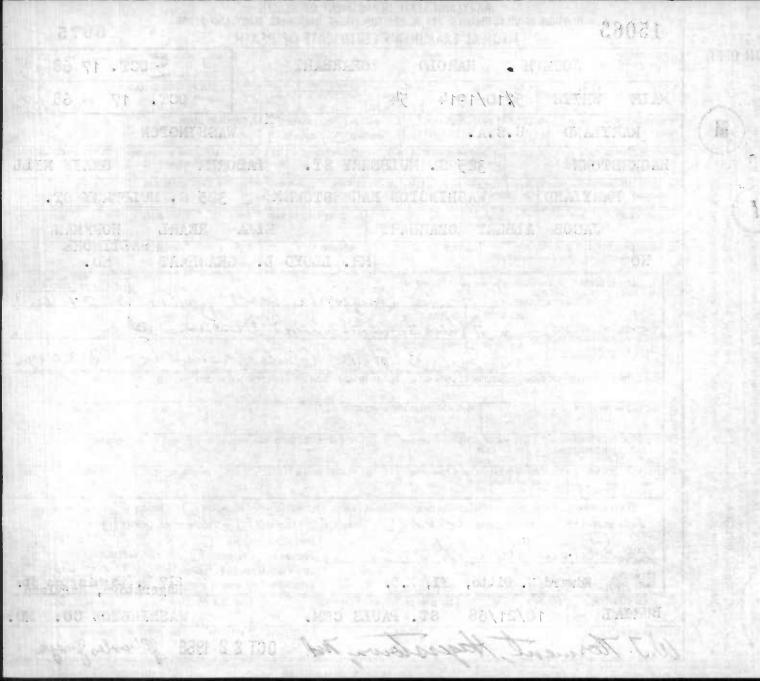
	1506				CERTII	FICATE OF	DEATH				1507	14
	ECEASED-NAME	First		Middle		Last		20. D	ATE OF DEATH	0	153 -1	2b. HOUR
(1	ype or print)	ELS	IE	ANN		GARNA	ND ON		OCT. Month	24	1968	
3. SE	X	W	4. RACE		- 94	S. DATE OF E	IRTH		6. AGE (In year		UNDER 1 YEAR DNTHS DAYS	HOURS MIN
	Fem	ale	Whi	te		Mar	ch 9 1	1878	90	YRS.	JAII DAIS	HOURS MIN
70. E	BIRTHPLACE (Septe	or fareign	7b. CITIZEN OF WI	HAT COUNTRY?		IED NEVER MA	RRIED	9. COUN	TY OF DEATH			
COOL	Garfiel	d Fred.		.A.	WIDOW		RCED 🗌		Washington			N
10. (	ITO NWUL NO VIII.	)ŁAIH	11. N	AME OF HOSPITAL OR INS	HOITUTITE	(If not in haspital			PATION (Kind of work		12b, KIND OF INDUSTRY	BUSINESS OR
	Hager			street oddress) Washingtor					orking life, even if re 150 Wife		Hon	ne
13a. admi	usual residence issian) STATE Md.	(Where decease	ed lived, if institut	tion: Residence befare		OR TOWN	13d. INSIDE CITY I	LIMITS?	13e. STREET AND NUM	BER		
		·	Wa Wa	shington	Sm	thsburg		K	R. F. D	#2		
14. 1	FATHER'S NAME Sim	First	Middle P	Lost Kuhn		15. MOTHER'S N	nelia F			ddle		Lost
14-	WAS DECEASED EV			16b. SOCIAL SECURITY I	10	17. INFORMANT	herra i	larr.		dress		
100. Y	es, na, or unknown	(If yes give wo	or dates of service)	100. SOCIAL SECURITI	NO.		+ Vuhn	Cmi	ithsburg R			
						roper	C KUIIII	DIIL	LUISDUITE K	ru.#	APPROXIA	MATE INTERVAL
		TH WAS CAUSED	BY: C	ne for (a), (b), ond (c).  ongestive		t failur	•				2 we	NSET AND DEATH
	180	IMMEDIA.	IE CAUSE (a)							_	2 40	
	Conditions, if any	, which gave )	DUE TO, OK	AS A CONSEQUENCE OF Carcinoma	of c	ervix wi	th met	asta	SP S		18 m	onths
	rise to immedia	te cause (a), (	(0)	AS A CONSEQUENCE OF								
Ų.	stating the underlast.	riying cause	(c)	on consequence of								
	PART 2. OTHER S	GNIFICANT CON	DITIONS CONTRIBU	ITING TO DEATH BUT N	OT RELATE	D TO THE TERMINA	AL DISEASE OR	CONDITIO	N GIVEN IN PART 1(a)			
z	171X											
CERTIFICATION	190. DATE OF OPER	ATION 19b. 0	ONDITION FOR WI	IICH OPERATION WAS PE	H OPERATION WAS PERFORMED 20a.			TOPSY? 20b. IF YES, WERE FINDINGS CONSIDE			SIDERED IN CE	RTIFYING
STIFIC						YES NO CAUSES OF DEATH?						
I CE	210. ACCIDENT W			FINJURY Month Day Year	21	c. HOW INJURY O	CURRED (Ente	er nature	af injury in Part 1 ar	Part 2, Iter	m 18.)	
MEDICAL	(If either, notify	medical examin	er) P.M.	19								
×	21d. INJURY OCC While Not w	JRRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21	f. LOCATION Stre	et ar R.F.D. No	).	City ar Town		County	State
	al work all wi	ork								330		
	22a. I certify	thot (I) (thi	s hospitol) off	ended the deceose 0-23	ed from	4-8	, 19_	60_,	to 10-24	, 19	68_, that	(I) (we) la
-17	causes s	aeceosea oi toted obove	(I) (we) (did)	(did not) view the	body of	ana mor m (n ter deoth.	ly) (our) op	inion a	eoth occurred on	rne dore	ona nour	ona trom tr
	226 SIGNATURE	/		(did not) view me	000,0					22c. DA	TE SIGNED	
-	Wash Ce	- 1	1	2M- D	- [	DEGREE PHYS.	NG D	MED. DIRECTOR	STAFF PHYS.	10-2	4-68	
	22d. PHYSICIAN'S					22e. AD		No.	OLD THE			
	NAME (Type)	Charl	es F. He	ess, M.D.			Smi	thsb	urg, Maryl	and :	21783	
230.	BURIAL, CREMATIC	1				OR CREMATORY		23d.	LOCATION (City or Tow	n)	(Caunty)	(State)
	REMOVAL IS PECTY	0	ct. 27 6	8 Caveto	own F	Reform Co	amol	1	Cavetown	Tile o	1.	Md.
	FUNERAL DIRECTOR			ADDRESS			250. KE D.		19 A C POMIT	Wals	GNATURE	1100

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	St. Ob. The St.	eler mu				
Yanu E			m <sub>g</sub> − ₹ − ₹	3 1 40 00 3	7 - 7	
fitnom &f		medical and	ndow x. vi	ngi tan Emon.	Care?	

Charles F. Hess. M.G.

TO DESIGNATE OF THE PARTY OF THE PARTY.

Sel stones Mary Land 2) 716



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTI

۰	I IVES I O			121111101111/	.,					
F	CATE	OF	DEAT	H		1	5	0	7	

. DECEASED-NAME (Type or print)	First	Middle		Last	2a.	DATE OF DEATH Month	Day Year	2b. HOUR
(Type of print)	SAMUEL	LESHER	GE	IST		October 1		7
SEX	4. RACE		S.	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	W	hite		Dec 29	1884	last birthday)	YRS. MONTHS DAYS	HOURS MIN
a. BIRTHPLACE (State or		F WHAT COUNTRY?	8. MADDIED	NEVER MARRIED		INTY OF DEATH		
ountry)			WIDOWED K			Machinatan		M
Maryland  O. CITY OR TOWN OF DEA		1. NAME OF HOSPITAL OR IN				Washington JPATION (Kind of work do		F BUSINESS OR
). CITT OK TOWN OF DEA	C	give street address)		dur	ing most of v	warking life, even if retire	d.) INDUSTRY_	etired
Hagerst	own W	ash County	y Hosp	ital F		n M.P.Moll		etired
la. USUAL RESIDENCE (W Imissian) STATE	here deceased lived, it ins 13h COUN	titutian: Residence befare	13c. CHY OR 10	JWN 13d. INSID	K NO	13e. STREET AND NUMBER		
Maryl	and Wa	shington	lagers	town		828 Sale		
4. FATHER'S NAME	irst Midd	le Last	15. 1	NOTHER'S MAIDEN N	AME First	Middle	9	Last
Te	aac Geist			Mary 1	Leshe:	r		200
60 WAS DECEASED EVER	IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY I	NO. 17. INF	ORMANT	- Armoreca	Addres	is s	
Yes, na, ar unknawn)	(If yes give war or dates of service	217-01-1	533 Mr	s Cora	M. We	ever 828 S	alem Av	e
	H (Enter only one couse o	er line far (a), (b), and (c).		Hage	ersto	wn Md.	APPROX	XIMATE INTERVAL ONSET AND DEATH
	WAS CAUSED BY:	11.		,				6 who
1102	IMMEDIATE CAUSE (a)		ma					6 aug
700 7		OR AS A CONSEQUENCE OF	/	1				
Canditians, if any, v	(b)_	1Ver	yras	sclera	110.			
stating the underly		OR AS A CONSEQUENCE OF						
last. 446 X	(c)_							
PART 2. OTHER SIGN	IFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEAS	SE OR CONDITI	ON GIVEN IN PART 1(a)		
Ontor	insolozasi	is dentral	ind:	aske	meur	ione. There	acec:	
190. DATE OF OPERAT	ION 19b. CONDITION FOR	WHICH OPERATION WAS PE	REORINED	20a. AUTOPSY?		₽Ob. IF YES, WERE FINDIN		CERTIFYING
19a. DATE OF OPERAT				YEST	NO DO	CAUSES OF DEATH?		
21a. ACCIDENT WAS	UNDERLYING 1215 TIM	IE OF INIURY	21c HOW		1	e af injury in Part 1 ar Par	rt 2 Item 181	- 200
G OR CONTRIBUTING	CAUSE OF DEATH HOUR A	.M. Manth Day Year	A N. HO.	HOOKY OCCORNED	friiter italier	o ar injory in rail r ar rai	2, 110111 10.7	
OR CONTRIBUTING		P.M. 11			- D. M	C: -		State
21d. INJURY OCCUR While Not while	RED 216. PLACE OF INJU	IRY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	110kt, 11 21t. LOCA	TION Street or K.F.	D. No.	City or Tawn	County	21016
at wark at wark						12.41		
22a. I certify the	nat (1) (this hospital)	attended the deceas	ed from		1950		19, tha	it (I) <del>(see</del> ) la
saw the de	eceased alive an	did) (did not) view the	y & O, and	that in (my) (e	n apinian	death accurred an th	e date and havi	r and tram th
	rea abave, (i) (we) (c	ild) (dishor) view the	bady affer de	um.			22c. DATE SIGNED	
22b. SIGNATURE	V-7 4:	7/- 1/2	Draner.	ATTENDING	MED.	STAFF C	A	1-10
	lover ,	1-(Coake	DEGREE	11110	DIRECTO	R L PHYS. L	10.10	6-68
22d. PHYSICIAN'S NAME (Type)	ROBE	RTFK	EA01	22e. ADDRESS	egu	Laur	Md	
a. BURIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR CH	REMATORY	23d.	LOCATION (City or Town)	(Caunty)	(State)
REMOVAL (Specify)	. 10/17/6	8. Rose	Hill C	emetery	H.	agerstown	Wash Co	Md
4. FUNERAL DIRECTOR	Hagerstown	ADDRESS				STRAR 25b. REGISTI	RAR'S SIGNATURE	ang.
Andrew	Cassman	Funanal		n	CT 1 R	1968 006	mela. Our	449

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. out papers. Pager I within 72 haurs after mpletely filled in by **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and of director, page 3 should be detached far use as the burial-transit permit. Then please remained be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any 30M REV. 188

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SAMUEL LESABL GETST Cotober 16 1968 7	
Dec 29 1884 83 militaria	.10.
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	description
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rona de grande de la constante	s a I
217-01-1583 yrs Cord H. stawer 828 5861-10-712 Hagerstown who	oli
THE SEAR OF THE BOOK TO THE BOOK	
17/17/63 Rose 4111 Cenatary a Facer comm mush Co Ko	. Isian weacan

# 15067 DIVISION OF VITAL RECORDS, 301 W. I

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any every, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (1)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15077

				C	EKIIFI	AIE UF	DEATH								
	EASED-NAME	First		Middle		Lost		20. D#	ATE OF DE	ATH			W	2b.	HOUR
(I)	rpe or print)	EVERETT		LOUIE		GONYOU		OCI	POBER	Month	S Do	Y 68	Yeor	12:	30 M
3. SEX	(		4. RACE		7.6	S. DATE OF I	BIRTH		6	. AGE (In ye	eors	IF UNCE	R I YEAR	IF UNDER	R 24 HRS.
	MALE		WI	HITE		APRIL	4, 18	191		77	YRS.	murtins	DATS	HOUKS	mit.
7o. BI	RTHPLACE (Stote	e or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUN	ITY OF DE	EATH	-	11-19			
COUITI	MASSA	CHUSETT	U.S.I	A.	WIDOWED	☐ DIVO	ORCED 🗌	WA	ASHIN	NGTON		1-74			Md
10. CI	TY OR TOWN OF	DEATH		AME OF HOSPITAL OR INST street oddress)	ITUTION (If n	ot in hospitol		UAL OCCUP				12b.	KIND OF USTRY	BUSINES	SOR
	HAGERST		I AT	VALON MANOR				EAL ISE					ETEC		
			TOT COLLECTA	tion: Residence before			13d. INSIDE CITY			T AND NUA			3979		700
odinis	SIOII) STATE	MARYLAND	) 13b. COUNTY	WASHINGTON	HAGER	STOWN	YES X	NO 🔲	1200	OAK	HILL	AVE	ENUE		
14. FA	ATHER'S NAME	First	Middle	Lost	1:	S. MOTHER'S A	MAIDEN NAME			M	liddle			Lost	
		ULLRICH		GONYOU			JE	SSIE						STER	
160. Ye	WAS DECEASED	EVER IN U.S. ARM	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY NO		NFORMANT			120			AK H			Ē.
-	NO	,		216-16-276	8A M	RS ZAZ	EL GON	IYOU	HAG	ERST	, NWC	MAF		ND MATE INTER	
	18. CAUSE OF	DEATH (Enter only	y one couse per li	ine for (o), (b), ond (c).)		1	,						BETWEEN O		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carebral Thrombosis										17	no			
	433	9		AS A CONSEQUENCE OF	A				0				-	10.	
	Conditions, if o	ny, which gove)	(b)	Arta	r10.	10125	120	5 -	2.	0.N.			3	ALI	~
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF														
	lost.	)	(c)												
			DITIONS CONTRIBL	JTING TO DEATH BUT NO	T RELATED T	THE TERMIN	AL DISEASE OF	R CONDITION	N GIVEN 1	N PART 1(o	)				
NO.	332					Too Marie		т.				CONCIDE			-
CERTIFICATION	190. DATE OF OP	ERATION 19b. (	ONDITION FOR WI	HICH OPERATION WAS PER	FORMED	20o. AUT		1	CAUSES O		NDINGS (	CONSIDERED IN CERTIFYING			G
		WAS UNDERLYING			21c. H	OW INJURY O	CCURRED (Ent	ter noture	of injury i	in Port 1 or	Port 2,	Item 18.	.)		
		G CAUSE OF DEATH medical examin	er) P.M.	19											
	21d. INJURY Of While Not of work	work		( AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.			eet or R.F.D. N		City or	511	4	Coun			State
	22a. I certif	y that (I) (Ah)	sXhospitel) att	ended the decease	d fram	909,	26, 19.	66,1	2-12_0	12	, 19	68	), that	(I) (X	last
	saw the	e deceased al	ive on 0	(did not) view the b	, an	d thou in (r	ny) (bitr) o	pinion de	eath occ	curred on	the d	ote and	d hour	and fr	om the
1	22b. SIGNATURE		, (1) (WE) (aig)	(did fior) view frie b	ouy oner	ueum.					220	DATE SIG	GNED	-	-
	(4)	10	. 11.	M	DEG	REE PHYS.	ING 🔣	MED. DIRECTOR		STAFF PHYS.	_	10/2			
	22d. PHYSICIAN	3000	1	More		22e. AD		DIRECTOR		: 1113.		10/-	700		
	NAME (Typ	g LLOYI	A HOFFI	MAN, M.D.			N. PO	TOMAC	C ST.	, HAC	GERS	TOWN	I. M	D.	
23o.	BURIAL, CREMAT	ION, 23b. D	ATE	23c. NAME OF C	EMETERY OR					====		(Cour		(Stot	e)
F	REMOVAL (Speci	fv)	10/4/68	ROSE H	TIL C	EMET EE	Y							MD	
24. E	LINERAL DIRECT	OR O	101-4100	ADDRESS	<u> </u>		2So. REC'D	BY REGIST	TRAR.	25b. REC	GISTRAR"	SIGNAT	URE		
F	BURIAL, CREMAT REMOVAL (Speci BURIAL,	TION, 23b. C		23c. NAME OF C	ILL C	CREMATORY	Y 2So. REC'D	23d. L HAG BY REGIST	LOCATION	(City or Tov	wn) WASH GISTRAR	(Cour	nty)	(Stote	_

OLY ROTEIN TO BE THE WAY OF THE STATE OF THE Company of the second s

The funeral : ofter death.

cuted within 24 haurs after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

5078

1. DECEASED-NAME Firs (Type ar print) Alic			lost Haffner		ctober	30, Day	96 <sup>8</sup> 8"	A. M
3. SEX female	4. RACE white	5.	DATE OF BIRTH  11-30-18		6. AGE (In y	ours	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED	NEVER MARRIED	<u> </u>	NTY OF DEATH	YRS.		
Penna.	USA	WIDOWED 2	DIVORCED	W	ashingto	n		Md
10. CITY OR TOWN OF DEATH Hagerstown	give street address) Ho	STITUTION (If not in ward S			PATION (Kind of working life, even if r Wife		12b. KIND OF INDUSTRY	BUSINESS OR
13a. USUAL RESIDENCE (Where deceded admission) STATE ${f Md}$ .	used lived, if institution: Residence before 13b. COUNTY Wash.	13c. CITY OR TO		NO .	13e. STREET AND NUI	MBER Howai	rd St	
14. FATHER'S NAME First Daniel	Middle Lost L Johnston	1	MOTHER'S MAIDEN NA	_	ry Bowma	Middle		Last
16a. WAS DECEASED EVER IN U.S. AR			DRMANT			ddress		
Yes, na, ar unknawn) (If yes give	195-16-43	322 Mr	s. Jeann	nette	Grove,	Hager		vn. Md.
4201	(D)	onary oc  HE TERMINAL DISEASE  200. AUTOPSY?			)	dura		
19a. DATE OF OPERATION 19b	ING 216. TIME OF INJURY	In. How	YES NO	<b>2</b> [	CAUSES OF DEATH?	r David O. Jásom	101	To killy
OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Manth Day Year niner) P.M. 1	9			at injury in Part 1 a	r rans z, mem	16.)	
While Nat while at wark 22a. I certify that (I) (the saw the deceased	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.) his haspital) attended the deceas alive of Ctober 28 ve, (I) (we) (did) (did nat) view the	ed from CC	hat in (mv) (aur)		City or Town to Oct. 3		eunty , that and haur	State (I) (we) las and from the
22b. SIGNATURE	Musik M. M. B. Kneisley, M. I	DEGREE	ATTENDING PHYS. 22e. ADDRESS 1	MED. DIRECTOR 48 We Hager	STAFF Cost Wash	]10/3	n Sti	reet
	11-2-68- Green		EMATORY Cemetery		LOCATION (City or To	co. Pa		(State)
24. FUNERAL DIRECTOR Grove Fune	eral Home, Wayne	sboro,		OV 4		GISTRAR'S SIG		de

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled, director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages should be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within the O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	12009			CERTIF	ICATE OF	DEATH			150	79		
	ECEASED-NAME F. Type or print)	irst	Middle	1,000	Lost		20. DATE (		)oy	Year	2b. HO	URa
,.	MATTIE		ESTELLE		HAMILI		OCTO	BER 4	68		9:1	-
3. SE	EX	4. RACE			5. DATE OF	BIRTH		6. AGE (In years	MONTHS.	ER 1 YEAR	IF UNDER 24	HRS.
	FEMALE	WH:	ITE		APRIL	6, 1889		last birthday)		UATS	HOURS	min.
	BIRTHPLACE (State ar fareign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MA		. COUNTY C	OF DEATH				
caur	washington.	D.C.	U.S.A.	WIDOWE		ORCED 🗍	WAS	SHINGTON				Me
10. 0	CITY OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR IN	STITUTION (I	f nat in hospital			N (Kind of work dane			BUSINESS O	R
	HAGERSTOWN	give	street address) 323 W. WII	SON B	LVD.	during mas	of working	g life, even if retired.)		USTRY VN H	OME	
130.	USUAL RESIDENCE (Where dec	ceosed lived, if institut				13d. INSIDE CITY LIM		STREET AND NUMBER		444 714	Q1.113	
adm	issian) STATE MARYLA	NTO 13b. COUNTY	ASHINGTON	HAGE	RSTOWN	YES NO		323 W. WIL	SON 1	RLVD		
14.	FATHER'S NAME First	Middle	Last			MAIDEN NAME Fire		Middle			Last	
	FRANK		DIETZ			TS	ABELLA	1		H.	VANS	
	. WAS DECEASED EVER IN U.S.		16b. SOCIAL SECURITY	NO. 17	. INFORMANT			Address			12210	
Y	(es, na, ar unknawn) (If yes g	rive war ar dates of service)	NONE	-	GEORGE	HAMTII.	127 9	S LOCUST H	AGER!	STOW	N MT	1
	18. CAUSE OF DEATH (Enter	r anly one rouse per li								APPROXIA	NATE INTERVAL NSET AND DEA	711
	PART I. DEATH WAS CA	USED BY:	K						1	4	MOET AND UEA	п
	4864 IMM	EDIATE CAUSE (a)	Onen							100	ry	
	Conditions, if any, which go	ve)	AS A CONSEQUENCE OF									
	rise ta immediate couse (	a), (b)	AC A CONSCOURNCE OF									_
	stating the underlying coulast.	36	AS A CONSEQUENCE OF						9			
	_	(c)	ITING TO PEATH BUT A	IOT DELATED	TO THE TERMIN	IAI DISEASE OPCO	NDITION CIV	/EN IN DART I/a)				_
7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PI	RFORMED	20a. AU	TOPSY?		IF YES, WERE FINDINGS	CONSIDER	RED IN CE	RTIFYING	
IFIC	- X				YES [	NO 🗆	CAUS	SES OF DEATH?				
CER	21a. ACCIDENT WAS UNDER	LYING 216. TIME O	F INJURY	21c.	HOW INJURY C		noture of in	jury in Port 1 or Port 2	2, Item 18	1.)		
MEDICAL	OR CONTRIBUTING CAUSE OF		Manth Day Year	9								
MED			( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		LOCATION Str	eet ar R.F.D. Na.	Ci	ty ar Tawn	Coun	ity	Sto	te
			OFFICE BUILDING, ETC.	,								
	00 4 .16 .1 . (1)	(B) (Jokowaka) att	ended the decens	ed from-	176	- 1960	, to	8/11	968	that	(I) (Wa)	In
	saw the deceased	d alive on	deteos	196	nd that in	my) (pur) opin	ion death	occurred on the	dote on	d hour	and from	th
	causes stated ab	ove, (I) (we) (did)	(dict not) view the	bady afte	er death.	77 KFWF 1		n occurred on the o		391		
	22b. SIGNATURE	1///			ATTENI	Mr.		STAFF (22)	c. DATE SI	GNED		
	(Thung!	HAL	nu	DE	GREE PHYS.	DING ME	RECTOR L	PHYS.	10/	5/68		
	22d. PHYSICIAN'S	0//			22e. Al		a D a		O			
	NAME (Type) CHA	RIES C SP	ENCER. M.D	).	14	5 S PRO	SPECT	ST., HAGER	5TOW	N, M	D.	
230.		3b. DATE	23c. NAME OF	CEMETERY	OR CREMATORY		23d. LOCA	TION (City or Town)	(Cau	nty)	(Stote)	
	REMOVAL (Specify)	10/7/68	ROSE	HILL	CEMETER	Y	HAGE	RSTOWN WAS	HING	TON	MD.	
24	CHAIRDAL GIDECTOR	, , ,	ADDRESS			250 REC'D BY	PEGISTRAP	25h REGISTRAD	P'S SIGNAT	THRE		

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1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 habrs after death. aurs after death. within 24 execute TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate is Page 4 may be retained by the haspital ar attending physician.

SEL B. TODAN CHARLES . PRESSURE NO. THERESE PROSECTIONS.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15080 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED-NAME 20. DATE KNOWN (Type or Print) ESTI-OF DEATH MATED IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 5. DATE OF BIRTH OCT. 10, 1900 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [ WIDOWED land 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 00 during most of working life, even if retired.)
RETIRED SOPERVISOR 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c, CITY OR TOWN odmission) STATE 136. COUNTY BALTIMORE 737 SICONKLING YES NO after pencil in Item 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME HEINLE haurs pages 160. WAS DECEASED EVER IN U.S. 17. INFORMANT (Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c). permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a). writing the ward This certificate shauld stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? should be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Page 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County foctory, office building, etc.) WHILE NOT WHILE D 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry ond in my opinion Natural causes Accident Suicide deoth resulted fram: Hamicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Health ADDRESS(Street, city, town, or county)

VR A15ME (5)

2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

CEM.

23d. LOCATION (City or Town)

20. AUTOPSY?

(County)

NO L

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be to be a finished to the second of the second 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15081

1. DECEASED-NAM	E First		Middle		Lost		20. DATE OF DEATH			2b. HOUR
(Type or print)		JR	DAVID	HERB			Octo	ber Do	2,1988	7:10
3. SEX Mal		4. RACE Wh:	ite	S	Janu	ary 26	6. AGE	(In years birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHPLACE (	Stote or foreign	7b. CITIZEN OF W		8. MARRIED	NEVER MARK	RIED 7.	COUNTY OF DEATH		PART I	
"Maryl		U.S		WIDOWED X		CED 🔲	Washin	~		Mo
10. CITY OR TOW Hager			AME OF HOSPITAL OR I Street address) Ma	nor Ny	rsing	during most	OCCUPATION (Kind of working life, ev. Merchan:	en if retired.)	12b. KIND OF E INDUSTRY Retir	
13o. USUAL RESID odmission) SIAT Mary I			ion: Residence before		town	YES NO			nklin	St
14. FATHER'S NAM	AE First	Middle Herber	Lost		MOTHER'S MA	IDEN NAME Firs		Middle		Lost
Yes, no, or unk	SED EVER IN U.S. ARE (nown) (If yes give v	MED FORCES? war ar dates of service)	16b. SOCIAL SECURIT 218-30-	9669 F	FORMANT Russe:	ll Her	bert 154	Address 40 La	tchfor	
			ne for (o), (b), ond (	c).)	Hac:	ienda	Hgts Cal	liforn	APPROXIM	NATE INTERVAL NSET AND DEATH
Conditions,	if ony, which gove nediote couse (o), underlying couse	DUE TO, OR .	Arterios AS A CONSEQUENCE C	)F	: Cardi	o Vasci	ilar Dise:	158	5 yea	ars
PART 2. OT	HER SIGNIFICANT CO	NDITIONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE OR CO	NDITION GIVEN IN PA	RT 1(o)		
190. DATE O	F OPERATION 19b.	CONDITION FOR WH	IICH OPERATION WAS	PERFORMED	20o. AUTOR	PSY?	20b. IF YES, W CAUSES OF DEA		ONSIDERED IN CE	RTIFYING
₹ □ OR CONTRI	ENT WAS UNDERLYII BUTING CAUSE OF DEA	TH HOUR A.M.			V INJURY OCCI	URRED (Enter n	noture of injury in Po	rt 1 or Port 2,	Item 18.)	
While			( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21f. LOCA	ATION Street	or R.F.D. No.	City or Tow	n	County	Stote
22o. l ce	the deceased of	live on 7-2	ended the deced O (did not) view th	_1968 and	thot in (my	, 19_6/ /) (our) opini	, ta <u>10=2</u> - on death occurre	, 19 ed on the da	68_, that ate and hour o	(I) (we) las and from th
22b. SIGNAT	A. 7	WX	the	DEGREE	11110.	DIR	O. STAFI		DATE SIGNED	968
22d. PHYSI NAME	CIAN'S (Type) Dr. E	. W. Dit	to Jr.	215 W	22e. ADDI		St. Hage			
230. BURIAL, CRE	lecify) DC	tober 4	/68 Ros	F CEMETERY OR C	REMATORY		23d. LOCATION (City	or Town)		(Stote)
24. FUNERAL DIF	W K.Cof	erstowm fman Fu	Marylon	id Inc		2So. REC'D BY	REGISTRAR 2S	b. REGISTRAR'S		III) LITT

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cariplete. Filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within the state Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 30M REV.

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15082

15072

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

20. DATE OF DEATH 2b. HOUR Middle 1. DECEASED-NAME. : First (Type or print) IF UNDER 1 YEAR 6. AGE (In years lost birthdoy) 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign country) WIDOWED DIVORCED [ 12o. USUAL OCCUPATION (Kind Work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most of working life, even if retired.) give street address) 13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before CITY OR TOWN 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME Middle 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL BETWEEN DISET AND DEAT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Ventricular fibrillation 2 hrs. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Arteriosclerotic cardiovascular disease 10 yrs. rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES 🗌 NO X 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) aftended the deceased from May 11, , 1964, to October 29 1968, that (I) (we) last saw the deceased alive an October 20, 1968, and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR 10-30-68 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) William C. Brewer, M.D Greencastle, Pennsylvania 17225 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION REMOVAL (Specify) 2So. REGO BY REGISTRAR 2Sb. REGISTRAR'S 24. FUNERAL DIRECTOR 1968

requires that the death certifical (ffer this certificate has been signed by the ottending physi be detached far use os the buriol-transit permit. Then pl Stote Dept. of Health prior to burial, cremotion, or removal, be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been director, page 3 should should be filed with the

exeruted within 24 hours

completely filled in

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VR A15 (4) 30M REV, 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15073 15083 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) IVA BELL HOOVER 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years last birthdoy) FEMALE WHITE JULY 2. 1891 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED U.S.A. DIVORCED [ WIDOWED X WASHINGTON 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) HAGERSTOWN 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e STRFFT AND NUMBER 13c. CITY OR TOWN 13b. COUNTY WASHINGTON YES HAGERSTOWN E. BALTIMORE STREET 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Last First JOSEPH TRUMPOWER CATHERINE ATHERTON 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no prunknown) HAGERSTOWN 1B. CAUSE OF DEATH (Enter only one couse per line for (a); (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1/0 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY

in by the funeral and campletely remave carb physician remaya crematian, burial-transit signed by as the be detached far use State Dept. af Health shauld director, page 3 shauld VR A15 (4)

death.

executed within 24 haurs after death

The law requires that the death certificate

Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been

30M REV.

23a. BURIAL, CREMATION, REMOVAL (Specify)

OR CONTRIBUTING CAUSE OF CEATH

21d. INJURY OCCURRED

While Nat while at work

22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type)

FUNERAL DIRECTOR

(If either, notify medical examiner)

saw the deceased alive on\_

23b. DATE

EDSON B. MOODY.

HOUR A.M.

22a. I certify that (1) (this hashiral) attended the deceased fram\_

P.M

causes stated obove, (I) (MA) (Aid) (did not) view the bady after death.

Month Doy

July 20.

21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No.

23c. NAME OF CEMETERY OR CREMATORY

CLEVELAND AVE . HAGERSTOWN . 23d. LOCATION (City or Town) GERSTOWN

STAFF PHYS.

City or Tawn

\_\_19 6 2, and that in (my) (xyx) opinian death accurred on the date and have and fram the

MED. DIRECTOR

(County)

County

22c. DATE SIGNED

(State)

State

DEGREE

ATTENDING

PHYS. 22e. ADDRESS

> 2Sa. REC'D BY REGISTRAR 1968

2Sb. REGISTRAR'S SIGNATURE

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## STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15074	Trem o	FILM GHOS 6	ERTIFICATE OF DE	ATH	7 3 7 4 4	15084	
DECEASED-NAME (Type or print)  S SEX	First  LLIE  14. RACE	Middle	Lost  INGIRE  S. DATE OF BIRTH	20. DATE 0	Month Day	Year 8	HOUR
o. BIRTHPLACE (State or forei	N	lute	June	10 1882	lost birthday	MONTHS DAYS HOURS	MIN.
country) Frank	ma	11.5/1	8. MARRIED NEVER MARRIED DIVORCED	i Wa	slungton	Co	Mo
o. CITY OR TOWN OF DEATH	un my give	street address)	là Co.	12a. USUAL OCCUPATION during most of warking		12b. KIND OF BUSINES	is or my
3a. USUAL RESIDENCE (Where demission) STATE	deceosed lived, if institution 13b. COUNTY	ition: Residence before	1.4	INSIDE CHY LIMITS? 13e. S	TREET AND NUMBER 54 S Polon	Hegense rac ST	anim
4. FATHER'S NAME FIRST	Middle	Harm	as Is. MOTHER'S MAIDE	N. NAME First .	Middle	Tachel	m.
Yes, no, ar unknawn)	J.S. ARMED FORCES? yes give was as dates of service)	16b. SOCIAL SECURITY N	D. 17. INFORMANT	4. lugre	amor Hu	enter Squencarti	FR
PART I. DEATH WAS  4/0 9  Conditions, if any, which rise to immediate caus stoting the underlying last. 420	MMEDIATE CAUSE (o)	AS A CONSEQUENCE OF	isoclenty	andord	Dás	BETWEEN ONSET AND	BEATH Y
PART 2. OTHER SIGNIFICATION  190. DATE OF OPERATION  21g. ACCIDENT WAS LINE	right, w	UTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIS GLOSSICO DE CONTROL DE C	a acilla	EN IN PART (0)  F YES, WERE FINDINGS CO ES OF DEATH?	Nocleus NSIDERED IN CERTIFYIN	l'adi,
S OR CONTRIBUTING CAUS	E OF DEATH HOUR A.M.	. Manth Day Year	21c. HOW INJURY OCCURR	ED (Enter noture of inju	ury in Port 1 or Port 2, It	em 18.)	
21d. INJURY OCCURRED While Not while		( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	DRY.) 21f. LOCATION Street ar	R.F.D. Na. City	y ar Town	Caunty	Stote
saw the deced	sed alive on	tended the decease did nat) view the b	and that in (my) (	, 19, to/ our) opinion death	occurred on the dot		ve) las om the
22b SIGNATURE  Y CANADA  22d. PHYSICIAN'S	19/2	afred	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	ATE SIGNED	
NAME (Type) R	chard T. B	1			21740		
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE (4/19	23c, NAME OF C	EMETERY OR CREMATORY	1	ION (City or Town)	(County) (State	9
24. FUNERAL DIRECTOR	771	ADDRESS	250	REC'D BY REGISTRAR	968 REGISTRAR'S S	SIGNATURE	

#24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/6

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	MAKILAND STATE DEPARTMENT OF H	EALIH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON S	STREET, BALTIMORE 1, MARYLAND
15075	CERTIFICATE OF DEATH	15087

The state of the s	·		- 4 0 0
1. PLACE DF DEATH a. COUNTY		(Where deceased lived, If institution: F	Residence before admission)
Washington County MARYLAND	a. STATE Massachus		outh
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		itside corporate limits, write RURAL	
Fort Ritchie, Maryland DOA	Big Sandy 1	Pond, Plymouth, Ma	SS.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS		e. IS RESIDENCE ON A FARM?
US Army Dispensary, Fort Ritchie, Md.	Central /		YES NO X
3. NAME OF First Middle DECEASED	Last	4. DATE Month	Day Year
(Type or print) Mitchell	Karr	DEATH October 10	19 68
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIEO   1	8. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
Male Caucasian WIDOWED ON ONORCED	28 June 191	1 last birthday) Months	Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (Cour	nty & State, or foreign country)   12. C	ITIZEN OF WHAT
TOPPOSE Supervisor Fabric Mill	Bristel Co		ISA
13. FATHER'S NAME	1 14. MOTHER'S MAIOEN	NAME	JA
Stephan Karczmarczek	Frances Sl	enkievica	
	INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of service)			
	DR Eugene E.	Sheehy, Ft. Ritch	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]			ONSET AND OFATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infar	ction		5 min.
4100	CLIVII		1112,000
Conditions, If any, which			
gave rise to immediate	diovascular	Disease	
cause (a), stating the DUE TO			
underlying cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELA	ATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
5 4201 None			YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA  WORE  20a. ACCIDENT WAS UNDERLYING   20b. Gescribe How Injury Occu  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRREO. (Enter nature of li	njury in Part i or Part II of Item 18	.)
3 (IF EITHER, NOTIFY MEDICAL EXAMINER)			
ZOC. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Hour a.m.   While   Not While   at work   at work   at work	CE OF INJURY (Home, farm	n,   20f. (City or town) (Cou	unty) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.	.)	
	10	10	Al-A (I) (ma) lash
21. I certify that (I) (this hospital) attended the deceased from	, 19_		, that (I) (we) last
	t death occurred at2:	20M, from the causes and on t	ne date stated above.
220- SIGNATURE & P San St. M. D.	ATTENDING ME	D. STAFF D 10	Oct 68
22c. PHYSICIAN'S	D. PHYS. OII	RECTOR PHYS.	000
NAME (Type)		ni	har a balan a bar
DELBERT L. SECRIST, JR., CPT,	A 4 W	Dispensary, Fort F	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)		23d. LOCATION (City, town or co	
Burial 10/11/1968 Sacred Hear	t Cemetery	New Bedford Bris	tol Co. Mass
24. FUNERAL DIRECTOR ADDRESS	25a. REC'I		
Walley of Lynn Waynesboro, Pe	ma. OATE OC	CT 1 8 1968 20lio	rlas Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Inferal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

AUTHORNE OF DEPTH | 1502

Fort Street o Mary and Don St. H. S. H. Stone Payment Bone Tone

UR Army Dispensers, Form Michaele, Ma. Central Ave.

TO TO THE TAX TO THE TAX THE T

Mischoll Karr and Leaven

Take of Concentration as well as the world as the S7 as

appears Supervisor page 1111 Frieto Co., Mess.

Stephen Kerczeniczck Praces Slepkienicz

NO NORTH DISCOUNT DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PARTY OF THE PARTY

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A STATE OF THE PROPERTY OF THE

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DEBERGY W. BELEVIS, JR., CTT, MCH. Ch. Acts. Dispensary, To r. Micchigania.

Pril 10/11/1968 Secred Heart Centry New Relief Britel Co., Lane.

distribution in the second of the second of

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within 24 hours after death.

executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by

Poge 4 moy be retained by the hospital or ottending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1	5	0	8	8
-	10	4	~	v

			CERTIFICATE OF	PERIII			
	ECEASED-NAME First	Middle	Last	2o. DATE	OF DEATH		2b. HOUR
(	ype or print) Willi	am (no)	" Koongo	0	et Manth 25	7968	
3. SI		14. RACE	Kearse Is. DATE OF BIR		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HR
J. 31					lost birthday)	MONTHS DAYS	HOURS MI
	Male	Colored	Dec ]		53 YRS.		
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARI	RIED 9. COUNTY	OF DEATH		
O	lar. S.C.	USA			hington		
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	ISTITUTION (If nat in haspital	120. USUAL OCCUPATI	ON (Kind of work done	12b. KIND OF	BUSINESS OR
H.	agerstown Md	give street address) Washington	County Hos	during most of worki	ng life, even if retired.)	INDUSTRY	
		ed lived, if institution: Residence before		- Carlotte	STREET AND NUMBER	Rail	road
adm	ission) -STATE -	Washington				7 7 71	
Ma	ission) Island	Washington	Hagerstown	TARE HOLD T	35 W. Bet	nel St.	reet_
14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MA	IDEN NAME First	Middle		Last
	Jake	Kearse	Arc	ina.	C+-	roman	
160	WAS DECEASED EVER IN U.S. ARM				Address	roman	
1	'es, no, ar unknawn)   (If yes give w	rar or dates of service) 71.2-010	730 Mra Ma	ary L.Kear	se 135 W.	D - J-1- "	0.1
				TA TIVEST	Se 135 V	Rethel	MATE INTERVAL
	1B. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	ly ane cause per line far (a), (b), and (c	1) 2.1.000	1011	1		NSEL AND DEATH
		TE CAUSE (a)	Mycard	le al Duf	weign	12/	TRO.
	4100	DUE TO, OR AS A CONSEQUENCE OF	11 , 0.	- 1	111		1
	Canditions, if any, which gove	deminion	Deul (Ble	unsclient	a xleast	May	Lan
	rise to immediate couse (o),	DUE TO. OR A A CONSEQUENCE OF		11	- 22 - 2	7007	1-00
	stating the underlying cause	DUE 10, OK AS A CONSEQUENCE OF			vierd		
	lost. +201	1					
	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL	. DISEASE OR CONDITION G	VEN IN PART 1(o)		
N	Coes	Lix.					
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOI		IF YES, WERE FINDINGS (	ONSIDERED IN CE	RTIFYING
Ĕ			YES 🗀	NO CAU	SES OF DEATH?		
CER	21o. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	21c. HOW INJURY OCC	URRED (Enter nature of i	niury in Part 1 or Port 2.	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH						
₩.	(If either, notify medical examination 21d. INJURY OCCURRED 21e.		ACTORY.) 21f. LOCATION Street				C
-	While Nat while	PLACE OF INJURY ( AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	211. LOCATION Street	f of K.r.D. No.	ity ar Tawn	County	State
	at work at work		10	15	,, .	10	
	22a. I certify that (I) (thi	is haspital attended the deceas	sed from 7-23	, 1962, ta	10-9,19	(a) that	(I) (we)
	saw the deceased al	live an	19 6 1, and that in (my	y) (aur) apinian deat	h accurred an the do	ate and haur	and fram
		e, (I) (we) (did) (did-not) view the	bady after death.		,		
	22b. SIGNATURE	MATION	ATTENDIN	G AMED -	STAFF 22c.	DATE SIGNED	-11
	TATION	TO COME	DEGREE PHYS.	DIRECTOR L	J PHYS. L	1-25	-9
	22d. PHYSICIAN'S	200	22e. ADDI	RESS /	1 /	1	- 11
	NAME (Type)	TURO NIE	(70 /14	(E.Anti	C/411 5	1	
230	BURIAL, CREMATION, 23b. I	DATE 23¢ NAME OF	CEMETERY OR CREMATORY	23d 10C/	TION (City or Town)	(County)	(Stote)
D	DEMOVAL (Consil.)						, ,
20	digate loc		Hill Cemet	2So. REC'D BY REGISTRAF	erstown Wa		ryla
24.	FUNERAL DIRECTOR	ADDRES					
000	John K Water	n on Wonerstown	9md	DATE OCT 2	9 1968 20	iarren !	udal

INVESTIGATION OF THE SECONDARY OF THE SECONDARY

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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- 2	15079				ERTIFIC	CATE OF	DEATH			100	UJ
	ECEASED-NAME	First		Middle		Last	1 414	2o. DATE	OF DEATH		2b. HOUR
(1	Type or print)	JAMES		FRANKLI	N	KEYES	, JR.	OCTO	BER Month 23 D	oy 68 Yeor	10:45
3. SE	X		4. RACE		160-	S. DATE OF I			6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	MALE		WHITE	G		APRII	4, 192	5	lost birthdoy) 43 YRS		HOURS MIN.
	BIRTHPLACE (Stote	or foreign 7	b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	X NEVER MA	RRIED 9	COUNTY	OF DEATH		
COUI	MARYLA	ND	U.S.A.		WIDOWED		RCED 🗍	WAS	HINGTON		M
10. (	CITY OR TOWN OF	DEATH	11. NA	ME OF HOSPITAL OR INS	TITUTION (If r	at in haspital		OCCUPATI	ON (Kind of work done	12b. KIND Q	E PUSINESS OR
HA	GERSTOWN		gives	treet address)	IFFE I	R.	CHAR	Let work	ng life, even if retired.)	FAIRCE	IILD-
130	LISUAL RESIDENCE	(Where decenses	lived, if instituti	on: Residence before	13c. CITY OF	TOWN	13d. INSIDE CITY LIMI	1.0.11	STREET AND NUMBER		7-0-1
adm	ission) STATE MA	RYLAND	13b. COUNTY	ASHINGTON	HAGER	STOWN	YES NO	<b>X</b> 2	300 ROCKCL	IFFE DR	•
14.	FATHER'S NAME	First	Middle	Last	1	S. MOTHER'S A	AAIDEN NAME Fire	st	Middle		Lost
	i	AMES	F	KEYE	S,SR.		HE	LENA		J(	OYCE
16a.	. WAS DECEASED EV	ER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY N		INFORMANT	2 1712		2300 Address ]	ROCKCLI	FFE DR.
1	res, no or unknown	) fit yes give wat	or dates of service)	219-18-64	84 MF	IS. JEA	IN KEYES		HAGERSTOW	N, MARY	LAND
	18. CAUSE OF D	EATH (Enter only	one couse per lin	e far (a), (b), and (c).	-	011	1 - 1	,			CIMATE INTERVAL ONSET AND DEATH
	PART I. DEA	TH WAS CAUSED	BY: E CAUSE (a)	noluce	2/	NOV	Colha			121	reelie
	162	IMMEDIAL	11100	S A CONSEQUENCE OF	- 0	4 0			1	1	
	Canditions, if on		(b)	- 4 -	ner 9	10,	me.	as	rochrigen	ie la	MO
	rise to immedia stating the unde		1-1	S A CONSEQUENCE OF		Jul	//	1	No.		
	last.	strying couse	(c)			/	/				
	PART 2. OTHER S	IGNIFICANT COND	ITIONS CONTRIBUT	TING TO DEATH BUT NO	OT RELATED T	O THE TERMIN	AL DISEASE ORCO	NDITION G	IVEN IN PART 1(a)		
	1621		201								
CERTIFICATION	190. DATE OF OPER	ATION 19b. CO	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20o. AUT	OPSY?	/ 20b	. IF YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
IFIC						YES [	1 NO P	CAU	ISES OF DEATH?		
CERI	21a. ACCIDENT W	AS UNDERLYING	21b. TIME OF	INJURY	21c. H	OW INJURY O	CURRED (Enter	nature af i	njury in Port 1 or Port 2	, Item 18.)	
MEDICAL	OR CONTRIBUTING			Month Doy Year			300				
MED	(If either, natify 21d. INJURY OCC	URRED 21e P	LACE OF INJURY	AT HOME, FARM, STREET, FAC		OCATION Stre	eet or R.F.D. No.	(	ity or Town	County	Stote
	While Nat w	hile		OFFICE BUILDING, ETC.	/	2 - 7.	,	-	1110	10	
	22a   certify	that (I) (tKi)	Kokwital) atte	nded the decense	d/frem /	10//2	196	O. to	10/21	9 00 tha	t (I) (we) las
	saw the	deceased ali	ve an ZZ	123	9 - 8, an	d that in (r	ny) (ðūX) apin	ian deat	h accurred an the c	ate and haur	and fram th
	causes s	tated abave,	(I) (we) (did) [	ব্যব্যুক্তা) view the	oady after	death.					
	22b. SIGNATURE	MAI	1	- 11	110	ATTEND	ING - ME	D	- STAFE	. DATE SIGNED	
		1111	and	- 100	DEG	KEE PHYS.	₩ DIR	ECTOR L	→ PHYS. → 1	0/24/68	
	22d. PHYSICAN'S NAME (Type	DONALI	E. MAR	rin, M.D.		22e. AD		AND A	AVE., HAGER	STOWN,	MD.
230	. BURIAL, CREMATION			23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOCA	ATION (City or Tawn)	(County)	(State)
	REMOVAL (Specify		0/28/68	NATION					IMORE CITY		ARYLAND
24.	FUNERAL DIRECTOR		-01-01-00	ADDRESS			2So. REC'D BY				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicare and completely filled and the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Adges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in ony event, within 72-hoors after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital or attending physician.

executed within 24 haurs after death.

VR A15 (A)

FUNERAL DIRECTOR

HAGERSTOWN, MARYLAND

2So. REC'D BY REGISTRAR 1968

2Sb. REGISTRAR'S SIGNATURE Ochanles

#80E1

deloy is and 3 to Deportment puo PM3 Give Poges 1, poges lond 2 hours penc File within be executed permit. pending This certificate shauld the word writing please execute the certificate, 3 should

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH T. DECFASED-NAME First Middle 2a. DATE KNOWN Month (Type or Pgint) OF ESTI-Harry Luther King DEATH MATED 10 4. RACE 6. AGE (In years IF LINDER 24 HRS. 3 SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR fast birthday) HOURS Mala White Jan 19, 1906 62 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH west Virginia DIVORCED [ U.S.A. WIDOWED [ Washington 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address) Hagerstown Hospital Wash. Masonry Co. Foreman 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 120 CITY OR TOWN DE 130 INSUE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME Samuel King Meta 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) 214-05-7584 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T NO [ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) MEDICAL PRIMARY GOR CONTRIBUTING while working in 1824 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Tawn County foctory, office building, etc.) WHILE AT WORK 7-2 22a. I certify that I taak charge of the remains described above, held an Autopsy ,

Accident P. Suicide

Inspection |

Inquiry 7

Undetermined manner

and in my opinian

ACTUAL SIGNATURE **EXAMINER'S** 

Natural causes

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, tawn, ar county)

Hamicide

CHIEF MEDICAL EXAMINER

22b. DATE SIGNED

NAME (Type) 23a. BURIAL CREMATION, Specify)

death resulted fram:

23b. DATE

Edward W. Ditto. III. M.D. 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) 18, 68 Cedar Lawn Memorial Hagerst own

(County) Wash.

24. CUMERAL DIRECTOR 220 ADDRESS Funeral Home

25a. REC'D BY REGISTRAR Clear Spring, MdOCT 2 1 1968

2Sb. REGISTRAR'S SIGNATURE

VR A15ME (5)

0

TERBET darry Indian Railer Ring Vint lede white dum 19, 1900 of the net mides . A.P. 5 sintariv duay Hagerstown Wann. Co. Hospital Foredan Rangary Sermel | Ling | Lote | Lenille | Sale-05-75 | Lote | Lote | Clear Spring. Atomic . Living, Livin Partial F Oct. 18, th Goder lawn Homortal Hageret and head, red. Prompton Pountal Rome Clear Spring, #60012 1 1808 Present Parent

15081 TEO 31 CHARLES CILIBRE MODEL Nale white Arr.11,1008 con and arrest to the control of the contro ກ ⊅ູ່....ຂະ 100000 ir. Hagerstown western like bulgaryisor of Let. Fairchilder Corp Paryland ... assington un Hagerstorn M. H. 2 Charles Eduard counts Ethel Spurseon .rs. Virginia nounts, h # 21. erstyr. The second second in the second of the secon DESTRUCTION OF THE PROPERTY OF burist . oct. 9,1968 Cedar hawn Concrety - Hagerstown, Meryland. Addendary 100 .colf to 100 ... worden

15082

by the funeral Rages 1 and 2 rought of the death.

dad completely filled in by

executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital ar attending physician.

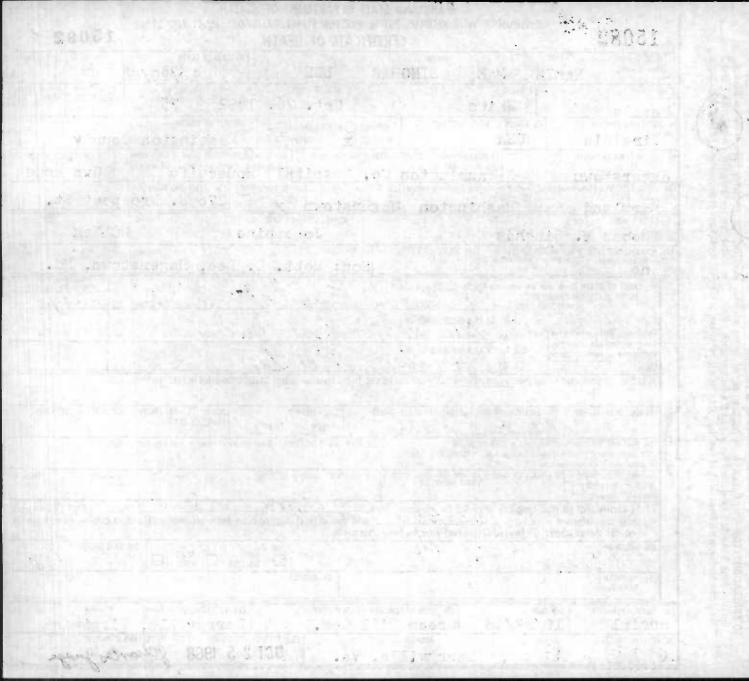
### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15092

	CEASED-NAME ype or print)	First MAMIE	E MAE	Middle SI <b>NG</b>	TING	Lost LEE		20. DATE OF	DEATH  10/20/68	y Yeor	2b. HOUR
3. SE		MAMILE	4. RACE White		IIAD	S. DATE OF BI	RTH 26, :	1892	6. AGE (In years lost ribint(day)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
70. E	emale BIRTHPLACE (Stote of Virgini	or foreign 7	'b. CITIZEN OF WHAT		8. MARRIED WIDOWED	NEVER MAR		9. COUNTY OF	DEATH nington C	County	Md
10. C	agersto	EATH WIL	give street Was	of Hospital or Ins et address) hington	. Co.	Hospi	tal during mg	House V	(Kind of work dane life, even if retired.) VIIE	12b. KIND OF INDUSTRY OWN	Business or Home
admi	ssion) STATE Marvlar	ıd	lived, if institution: 13b. COUNTY Washi	ngton	Hage	rstown		276	S. Pros	spect S	
	Thomas		Middle nghas	Last	Mark		sephi			Mullen	Lost
16o. Y	WAS DECEASED EV es, no, ar unknawn)	ER IN U.S. ARME	D FORCES? or dates of service)	b. SOCIAL SECURITY N		informant on: Ro	bt. C	. Lee	Address Hagerst		
		H WAS CAUSED IMMEDIATI , which gove te couse (o),	DUE TO, OR AS A	CONSEQUENCE OF	iles	Fee Me	Tolus & D	Myoc	ardial Exection	BETWEEN O	MATE INTERVAL ASST AND GEATH
CERTIFICATION	PART 2. OTHER SI 260 × 19a. DATE OF OPER		ONDITIONS CONTRIBUTION	6.7.60		TO THE TERMINA 200. AUTO YES	PSY?	20b. IF	N IN PART 1(0)  YES, WERE FINDINGS ( 5 OF DEATH?	CONSIDERED IN CE	ERTIFYING
MEDICAL	21a. ACCIDENT W  OR CONTRIBUTING (If either, notify r 21d. INJURY OCCU While Nat w at work at wo	CAUSE OF DEATH medicol exomine  JRRED 21e. P nile rk	HOUR A.M. P.M.  LACE OF INJURY (AT OFF	Month Day Year 19 HOME, FARM, STREET, FAC FICE BUILDING, ETC.	TORY.) 21f.	HOW INJURY OCC	CURRED (Enter	City	ry in Part 1 or Part 2,	Caunty	Stote (I) (we) las
	saw the couses st 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	deceased aligored obove,	ve on (l) (we) (did) (di	d nat) view the b	body afte	nd that in (m	y) (our) apid	nion deoth	occurred on the do	DATE SIGNED	ond from the
23a. B	BURIAL, CREMATIO REMOVAL (Specify)		ATE /23/68	23c. NAME OF C					ON (City or Tawn)	(County) Virgini	(State)
24.	FUNERAL DIRECTOR		^	ADDRESS Prrvvill			2So. REC'D B'		2Sb. REGISTRAR'S		tan

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician Sod completely filled indirector, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event; within 22 m VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15083

within 24 hours

executed

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate bey Page 4 may be retained by the haspital ar attending physician.

CEPTIFICATE OF DEATH

15002

- 1	-	004			CEIVIII	CAIL OF D	LATIT				2000	0
	. DECEASED-NAM		t	Middle		Lost		2a. DATE OF				2b. HOUR
1	(Type or print)	MART	HA EI	LEN	LEWI	S		Oct	Month	Pay	1968	8:30M
	3. SEX		4. RACE			S. DATE OF BIRT	TH		6. AGE (In yea		IF UNOER 1 YEAR	IF UNDER 24 HRS.
l	Fema	ale	Whi	te		Octobe	r27.	1879	last birthday)	YRS.	MONTHS DAYS	HOURS MIN.
	a. BIRTHPLACE (	tote or foreign	7b. CITIZEN OF V	VHAT COUNTRY?	8. MARRIEI	NEVER MARRI		COUNTY OF	DEATH			
1	Frede	ick,Co	. U. S.	A .	WIDOWE			Wash	ingto	n C	ountv	Mo
1	O. CITY OR TOWI	OF DEATH	11.	name of Hospital or I	NSTITUTION (II	not in hospital		CCUPATION	(Kind of work	done	12b. KIND OF E	
1	Rural S	smithbu	rg give	street address)	Home		during most	of working l	life, even if ret	ired.)	House	ewife
,	3a. USUAL RESID	ENCE (Where dece	ased lived, if instit	ution: Residence befare	13c. CITY (	R TOWN 13d	d. INSIDE CITY LIMITS	? 13e. STR	EET AND NUME	ER		
	admission) STA1	Maryla	nd 13b. COUNTY	Vashingto	on Sm	ithsbur)	ARE NO F					
- 1	14. FATHER'S NAM		Middle	Last		15. MOTHER'S MAID			Mid	dle		Lost
1	Ha	anson	C. Dra	per		Mary	7	Jane	We	ddl	0	
ı	16g. WAS DECEAS	ED EVER IN U.S. AI		16b. SOCIAL SECURITY	r NO.   17	INFORMANT			Add			
1	Nes, no, or unk	nown) (If yes give	war or dates of service)	Tost	M	rs. Hel	len M.	Swor	o Smi	ths	burg.	Md.
Ī	18. CAUSE	OF DEATH (Enter of	inly ane cause per	line far (a), (b), and (c		,	0. 1				APPROXIM	IATE INTERVAL
1		DEATH WAS CAUS		76	anto	lese eso	arter	iosd	entic		60	MA
1	41	29		AS A CONSEQUENCE O	F/I.		0					7-0-0
1		if ony, which gave	) (4)	*	House	-alised	arte	rios	clero	sis	154	22
1		nediote couse (o) underlying cause		AS A CONSEQUENCE O	F	.)		- 1-7-			1	
1	lost.	onderlying coose	(c)									
1	PART 2. OT	HER SIGNIFICANT C	ONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED	TO THE TERMINAL D	DISEASE OR CON	DITION GIVEN	I IN PART 1(o)			
П	= 4200	C	helee	estitis -	- Ch	ronic						
	190. DATE OF	OPERATION 19	. CONDITION FOR W	HICH OPERATION WAS F	PERFORMED	20o. AUTOPS	Y?			INGS CO	NSIDERED IN CE	RTIFYING
	TEL	201				YES 🗀	NO 🗀	CAUSES	OF DEATH?			
		NT WAS UNDERLY				HOW INJURY OCCUP	RRED (Enter no	iture of injur	y in Port 1 or F	ort 2, It	em 18.)	
		OUTING CAUSE OF OR CAUSE OF OR CAUSE OF OR			19							
	EIG. HIJOR	OCCURRED 21		( AT HOME, FARM, STREET, FOR OFFICE BUILDING, ETC.	ACTORY.) 21f.	LOCATION Street	or R.F.D. No.	City	or Town		County	Stote
	at wark	at wark				0						2 8
1	22a. 1 ce	rtify that (I) (t	his haspital) at	tended the decea	sed frame	au	, 19_6	3 to_C	ct.11	_, 19_	6 8, that	(H) (we) los
-	WDS	the deceased	alive on	(did not) view the	14 Ce &, a	ha that in (my)	<del>(our)</del> opinio	ın death a	ccurred on t	he dat	e ond hour d	ind from th
1	22b. SIGNAT		se' (i) Asset (aid	/ dia noi) view ille	e budy une	dediii.				22¢ D	ATE SIGNED	
1	220. 3101181	Un	Par est	M on	1 DE	GREE PHYS.	DIRE	TOP	STAFF PHYS.	De	\$ 17 -1	0/0
1	22d, PHYSIC	IAN'S	14	may "	11000	22e. ADDRE	-22	10.0		00	11/1	708
П		Type) Dr	James K	. Gray		Th	urmon	t, Ma	rylan	d		
ł	23a. BURIAL, CRE	MATION 23h	. DATE	23c. NAME O	F CEMETERY C	R CREMATORY	12	3d. LOCATIO	N (City or Town	1)	(County)	(State)
1	REMOVAL(9			968 Mt.	Bethe	1 Metho	dist	oxsv	ille		ederic	, ,
ŀ	24. FUNERAL DIR		18000					EGISTRAR	2Sb. REGIS	TRAR'S S	SIGNATURE	
	Ratmo	nd E.	Creager	Thurmo	nt, M	arylan	DATE UCT ]	8 19	68 <i>RC</i>	lian	la Cu	240
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And the case of the second of the case of

**FOR STATE** HEALTH DEPT. af pup PM3 Pages Give deoth. in Item 1 ofter ond poges hours pencil be executed within E 5 within pending burial-transit This certificate should writing the word forwarded to the \_ 0 pe certificate, should be 3 should the funeral director. moy Health

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15094 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE KNOWN Year (Type or Print) ESTI-OF Ervin Nethkins DEATH MATED OPM MacDonald 4. RACE IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) MONTHS Aug. 6, 1901
7b. CITIZEN OF WHAT COUNTRY? White Male 67 YRS. 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY West Virginia DIVORCED [ US 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL DR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Hagerstown | give street address) | Washington County Hospital | 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN | 13d. INC. during most of working life, even if retired. INDUSTRY

Retired Car Inspector Frie

GIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Maryland Allegany odmission) STATE Cumberland 732 Maryland Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Haslacker William MacDonald Sena 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS Winchester Road 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates of service) 198-16-2680 Rob't B. MacDonald, Route 5, Cumberland, Md. No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 420422V IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OR Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) B252 Kucles 19a. DATE OF OPERATION CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection I. Inquiry and in my apinian death resulted fram: Natural causes Accident ... Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER ADDRESS(Street city, tawn, or county) BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) W. Va. Burial Queens Point Cemetery Keyser, Mineral 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Hafer, 230 Balto Ave. Cumberland, McDATOC]

VR A15ME (5)

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in the first Association and the second sec petroplant or lines of social party makes the contraction of t The state of the first of the second of the STATEMENT TO STATE STORY STATEMENT S The state of the s AND THE RESERVE OF THE PROPERTY OF THE PROPERT

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

T2000		CERT	IFICALL OF DEA	IH		150	96
1. DECEASED-NAME Firs (Type or print) Ka		Middle Leiter	Lost McGraw		ctober 29	Poy 1968	2b. HOUF
3. SEX female	4. RACE	hite	S. DATE OF BIRTH 2-3-189		6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HE HOURS MI
7o. BIRTHPLACE (Stote or foreign country) Maryland	7b. CITIZEN OF WHAT OUSA	COUNTRY? 8. MAR	RIED NEVER MARRIED WED DIVORCED		Washing		
10. CITY OR TOWN OF DEATH  Hagerstown	give etree	of Hospital or Institution			PATION (Kind of work don King life even if retired		BUSINESS OR
13o. USUAL RESIDENCE (Where deceded odmission) STATE Md.	10L COUNTY		ry OR TOWN 13d. INSIC cerstown YES 2		13e. STREET AND NUMBER 117 North	Ave.	
14. FATHER'S NAME First Aar	Middle on K. McG		IS. MOTHER'S MAIDEN N		Middle e Leiter	in .	Lost
16o. WAS DECEASED EVER IN U.S. AR Yes, no or unknown) (If yes give		. SOCIAL SECURITY NO. 14-09-0647	Mr. A.Kre	etzer	McGraw Hag	erstown	n, Md.
	DUE TO, OR AS A (c) CONTRIBUTING CRESSIVE (C)	consequence of accordance	TED TO THE TERMINAL DISEAS	SE ORCONDITION	IN GIVEN IN PART 1(o)  20b. IF YES, WERE FINDING: CAUSES OF DEATH?	S CONSIDERED IN C	-/5 y &
210. ACCIDENT WAS UNDERLY 210. ACCIDENT WAS UNDERLY (If either, notify medical exon	ATH HOUR A.M. M	URY 2	Tc. HOW INJURY OCCURRED		of injury in Port 1 or Port	2, Item 18.)	
While Not while of work	B. PLACE OF INJURY (AT P.	IOME, FARM, STREET, FACTORY,) 2 CE BUILDING, ETC.	1f. LOCATION Street or R.F		City or Town	County	Stote
220. I certify that (I) (t sow the deceased causes stoted obov	alive on OCY	ed the deceosed from 26 1962 I not) view the body a	ond that in (my) (ou	19 <u>68</u> , <del>r)</del> opinion d	ta_ <del>OCY 29</del> , i eoth occurred on the	19 <u>69</u> , that dote ond hour	(I) (we) I and from t
22b. SIGNATURE  Clu GLU  22d. PHYSICIAN'S NAME (Type)  Edward	w Ditt	o, III, M.D.			STAFF D		-68-
DEMOVAL (Consider)	DATE - 31-1968	23c. NAME OF CEMETER Rose Hil	Y OR CREMATORY  1 Cemetery	23d.	own, Marylar LOCATION (City or Town) agerstown,	(County) Md.	(Stote)
24. FUNERAL DIRECTOR Minnich Fune	ral Home	ADDRESS	2So. R	REC'D BY REGIS	1 1968 REGISTRA	R'S SIGNATURE	del

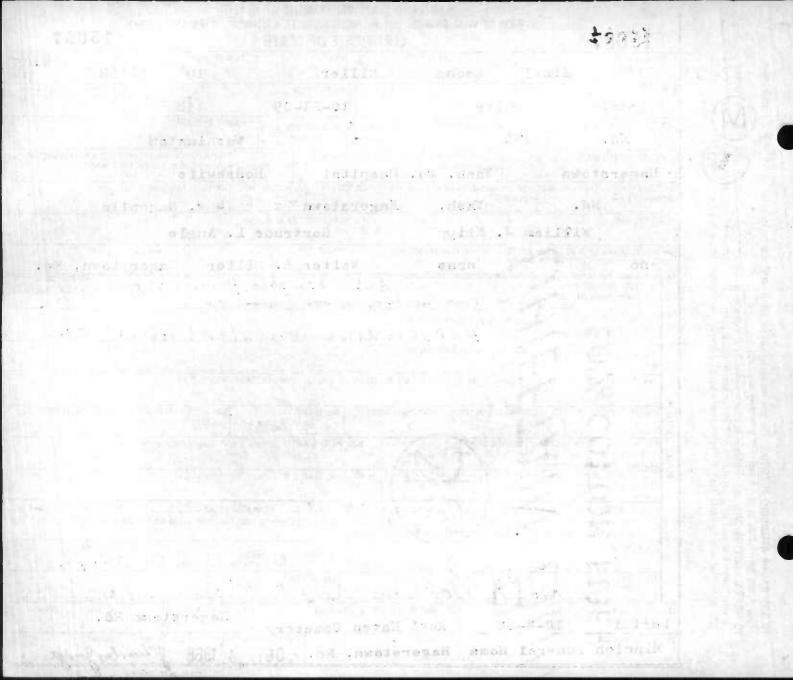
Anneral and 2 hours after death. within 24 haurs after death. Filled in on paper within 72 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and corupled director, page 3 shauld be detached for use as the burial-transit permit. Then please remave constanded be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any ever Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	Page 4 may be retained by the hospital or attending physician.	8. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in confidence.	shauld be detached far use as the burial-transit permit. Then please remave carban, pely. Dayes I and 2	with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hous after death.	);	
TO HOSPITAL OR ATTENDIN	Page 4 may be retained by	TO FUNERAL DIRECTOR: Afte	director, page 3 shauld be	shauld be filed with the Sta		/
		30	MR	EV.	1	8

	12001			CEKIIFIC	AIE OF D	CAIN			100	0
		First	Middle		Lost		2o. DATE OF	DEATH	V	24 HOHR
(1	ype ar print)	thel	Leona	Mi	11er		]	LO Month 1 Day	Y 68 Yeor	p
3. 5E	X	4. RACE			S. DATE OF BIRT	Н		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	female	wh	ite		10-21-	09		58 birthday) YRS.	WOULD? DW12	HOUKS MIN
7a. (	BIRTHPLACE (Stote or foreign ntry) Md.	7b. CITIZEN USA	OF WHAT COUNTRY?	B. MARRIED WIDOWEDI	NEVER MARRI		o. county of	DEATH Lngton		M
10. 0	Hagerstown		11. NAME OF HOSPITAL OR I					(Kind of work done life even if retired.)	12b. KIND OF INDUSTRY	F BUSINESS OR
	USUAL RESIDENCE (Where de ission) STATE Md.		nstitutian: Residence befare	13c. CITY OF	R TOWN 13	ES NO	AITS? 13e. STE	REET AND NUMBER	lia	
14. 1	FATHER'S NAME First W11	liam J	ddle Lost	1	s. MOTHER'S MAID		L. Ar	Middle ngle		Last
160. Y	(es, no 8 unknown) (If yes	ARMED FORCES? give war ar dates of serv	16b. SOCIAL SECURITY		Walter	E. M	iller	Address Hagers	stown.	Md.
	1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE)  Conditions, if any, which grise to immediate couse (stating the underlying collast.	AUSED BY: MEDIATE CAUSE (a)  DUE TO  OVE (b) (c),	C4	etery- tens	· ED IN		1124	Diseas	BETWEEN 12	de X
No	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	ITRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERMINAL I	DISEASE OR CO	ONDITION GIVEN	N IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION WAS I	PERFORMED	20a. AUTOPS	Y? NO 🕏		YES, WERE FINDINGS ( OF DEATH?	ONSIDERED IN C	CERTIFYING
MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE O (If either, notify medical ex	F DEATH HOUR	P.M.	or 19	OW INJURY OCCU	RRED (Enter	nature of injur	y in Part 1 or Port 2,	Item 18.)	
WE	at wark at work		JURY ( AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	4.7	OCATION Street			ar Town	County	State
	22a. I certify that (1) saw the decease causes stated at	ed alive an	attended the decea (did) (did nat) view the	1960, ar	d that in (my)	, 19 <u>_6</u> ( <del>our)</del> apir	nian death o	accurred an the de	ate and haur	it (I) ( <del>we)</del> la rand fram th
	22b. SIGNATURE	a .,	4Mm	DEG	11113.	DI DI	ED.	STAFF PHYS.   22c.	DATE SIGNED	64
	22d. PHYSICIAN'S NAME (Type)	byo	A. HOFF	Emai	~ 22e. ADDRI	N. 1	Potor	nacsl. f	Falen	Houn
	001101111 (0 16 )	23b. DATE 10-4-6		F CEMETERY OF	crematory  Cemet	erv	23d. LOCATIO	N (City ar Town) cerstonw	Md.	(State)
24.	FUNERAL DIRECTOR Minnich Fu	neral H	ADDRE:	55	a. Md.	So. REC'D BY		25b. REGISTRAR'S	S SIGNATURE	Jas



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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and 2 death.

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Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper shauld be filled with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72

VR A15 M) 30M REV. 1768

'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

hin 24 haurs after death.

CERTIFICATE OF DEATH

	CEASED-NAME	First		Middle		Last		2a. DATE OF			2b. H	PUR
(1	ype or print)	Ire	ne	Elva		Miller	r	00	tober 2	9, 198	8 A	10
3. SE	femal	е	4. RACE	white		S. DATE OF BIR			6. AGE (In years last highhay)		AR IF UNDER 2	24 HRS. MIN
	BIRTHPLACE (Stote of try) ennsylv		7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MARI	RIED [	O. COUNTY OF	DEATH ashingt	on		Me
_	ITY OR TOWN OF D	DEATH	11. NA Vas	ME OF HOSPITAL OR II	NSTITUTION (IF r	not in hospitol			(Kind of work don life evan if retired WITE	12b. KIND INDUSTR	of Business of Aome	OR
13a. admi	USUAL RESIDENCE ssian) STATE	(Where decease Md •	d lived, if institution 13b. COUNTY	wash.	Hager	stown	YES NO		REET AND NUMBER N.Cleve	land,	Ave.	
14. F	ATHER'S NAME	First Charl	Middle es Mill	Last er	1	S. MOTHER'S MA			Middle Vinfield	i	Last	ď,
16a. Y	WAS DECEASED EV es, no, or unknown	ER IN U.S. ARM (If yes give wo	ED FORCES? Ir or dates of service)	16b. SOCIAL SECURITY		INFORMANT	ne Hut	zell	Address Hagerst	own, Mo	1.	
		TH WAS CAUSED	BY: TE CAUSE (o)	e for (a), (b), and (a	non	rey s	nfa	ret	-		ROXIMATE INTERVI	
	Canditions, if any rise to immedia stating the unde last.	te cause (o),	(b)	Physical Aconsequence of Pasteri	elot	Ller	bosi	, Ca	ulivo na	u 1-	ne +	•
FICATION	PART 2. OTHER SI	7	row	ING TO DEATH BUT  CH OPERATION WAS F		20a. AUTO		20b. IF	N IN PART 1(a)  YES, WERE FINDING: OF DEATH?	S CONSIDERED II	N CERTIFYING	
MEDICAL CERTIFICATION	21a. ACCIDENT W or contributing (If either, notify i	medical examin	er) HOUR A.M.	Month Day Yea	19	OW INJURY OCC	Laged	nature of injur	ry in Part 1 or Part	2, Item 18.)		
ME	21d. INJURY OCCI While Nat what work at work	URRED 21e.	PLACE OF INJURY /	AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	FACTORY,) 21f. L	OCATION Stree	t or R.F.D. No.	City	or Town	Caunty	St	ate
100.17	22a. I certify saw the causes s	that (I) (thi deceased al tated abave	s hospital) atte ive an(ald) (	nded the decea did nat) view the	sed fram_ 19 6 % at e body after	that in (my death.	<i>9</i> , 19.6 y) ( <b>○=</b> ) apii	z, ta nian death c	accurred on the	19 <u>68</u> , tl date and ha	hat (I) ( end our and frai	手las m th
	22b. SIGNATURE	12	Zuite	1. Kase	lea DEG	REE PHYS.	IG M		STAFF DHYS. D	2c. DATE SIGNED		
	22d. PHYSICIAN'S NAME (Type)	R	OBE	RT	FKE	ADLE ADD	RESS	HA	BERS	TOWA	v).	
	BURIAL, CREMATIC BEMOVAL (Specify BUTIAL)	11	ATE -1-1968	Rose		crematory Cemete		Hage	ON (City or Town)	(County)	(Stote)	
	FUNERAL DIRECTOR		al Warra	ADDRES	-	Ma	250. REC'D BY			R'S SIGNATURE		
7.7	THILLTON	runer	ar nome	Hagers	town,	Md.	DATE IN U	4	JOH KUC	world	wage	

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Angely services			
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Health priar ta burial, crematian, or remaval, and in any event within 72 haurs after death.

er death

This certificate shauld be executed within 24,

DICAL EXAMINER:

O DEPUTY

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's necessary, please execute the certificate, writing the ward "pending" in pencil in

5 may be retained far yaur files.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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2000	4.9	MEDICAL EXAL	WINEK 2 C	EKTIFICATE	OF DEA	IH	2000	
1. DECEASED-NAME	First	First Middle Lost 20. DATE KNOWN Mo						
(Type or Print)	Mar	y E1	Ellen		nery	OF ESTI- DEATH MATED \( \square\)	7 188 9:5	
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR		ZC. DATE I KONOUNCED DEAD	2d. HOUR	
female	White	8-20-1878	90 YRS	MONTHS DAYS	HOURS	Month Doy	Yeor 1965 935 M	
70. BIRTHPLACE (Sto		7b. CITIZEN OF WHAT COUNTRY?	8. MA	ARRIED NEVER MA	ARRIED 9.	COUNTY OF DEATH		
Baltime	ore	USA	WID	OWED X DIV	ORCED 🗀	Washington	M	
10. CITY OR TOWN		11. NAME OF HOSPI		N (If not in hospito		AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR	
William	nsport	Homewood	Church	h Home	during mo	Housewife, even if retired.)	Home	
130. USUAL RESIDE	NCE (Where deceos	ed lived, if institution: Residen			3d. INSIDE CITY LIMIT	TOO. STREET MILD HOMBER		
odmission) STA	Md.	131 COUNTY Baltim	oreBal	timore	AEZ X NO	285 Lord Byr	on Lane	
14. FATHER'S NAME	First	Middle	Lost	IS. MOTHER'S MA	IDEN NAME	First Middle	Lost	
V-	Georg	e A. Lamley				Mary K. Bowers		
60. WAS DECEASED	EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SE	ECURITY NO.	17. INFORMANT		ADDRESS	Edition 1 100	
no	(If yes give	Not of doles of service 220-46	-8000J	l Mrs.	Edna E	. Hewitt Cocke	ysville, Md.	
18. CAUSE C	F DEATH (Enter on	y one couse per line for (o), (b),		0			APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH	
PART I.	DEATH WAS CAUSED		1. tur	Terrer.	and	Shoch	1.5 hr.	
887	X	DUE TO, OR AS A CONSEQU	UENCE OF	Terovo	Day to			
	ony, which gove diote couse (o),	(b) Ad	.n. 0 0	a Francis	release	Vic Vasculas	75 year	
	underlying couse (	DUE TO, OR AS A CONSEQ	DENCE OF					
lost.		10 Deser	re					
PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL	DISEASE OR CON	DITION GIVEN IN PART 1(0)		
= 9047								
190. DATE OF	OPERATION		ON FOR WHICH OP RFORMED?	ERATION			20. AUTOPSY?	
RIE	160 75 775						YES NO P	
	CAUSE WAS OR CONTRIBUTING [	21b. TIME OF INJURY Month, HOUR A-M:		- and		noture of injury in Port 1 or Port 2, Ite		
E CAUSE OF DEA	ATH	6 P.M. (C-				ay of church H	one	
	1	PLACE OF INJURY (At home, form, story, office building, etc.)	, street,	21f. LOCATION Street	11	City or Town	County Stote	
AT WORK	NOT WHILE TO	Church Home	2_	Mr. W	illiams	short was	h Md	
22a.	I certify that I to	ook charge af the remoins	described obav	re, held an Auto	apsy,	Inspection , Inquiry 4	and in my apinian	
death i	resulted fram:	Natural causes	Accident ,	Suicide	Homicide			
	0	0 - 0 -	/	CH	IEF MEDICAL EXA	MINER		
ACTUAL SIGNATURE,	Delevare	LW DIX	a TIE	M.D. ASS	SISTANT MEDICAL			
EXAMINER'S	Tidana and	I II TALLA TT	F 36 D	DEI	PUTY MEDICAL EX	XAMINER 10-	-8-68	
NAME (Type		W. Ditto, III			DRESS(Street, cit	Hagerston	ashington St.	
230. BURIAL, CREM	ATION, 23b.	DATE 23c. N	NAME OF CEMETER	V OD CDEMATORY		224 LOCATION (City Toyler)	(County) (Stote)	
Buria.	1" 10	0-10-1968 Ba	ltimor	e Cemet	ary	Baltimore, Md		
24. FUNERAL DIREC	TOR	**	ADDRESS		2So. REC'D B)	REGISTRAR 2Sb. REGISTRAR'S S		
Minnich	a Funera	al Home Hage	rstown	, Md.	DATE OC	111 1968 Rolla	Men Indas	

VR A15ME (5)

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	AND STATE OF
notarities	
The state of the s	Alleganest Companies Comment Tomas (LCF)
anna meral broll 28:	No. The Margarette of the Party and the Control of the Party and the Par
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AWITH Cook of STAINS	on and wext those ad-oss
	The state of the s
	dering to the contract of the

1 . 6 .

PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL 15100 DEPT. 1. DECEASED-NAME 20. DATE KNOWN To Month (Type or Print) ESTI-OF iny delay is 2, and 3 ta Page di. DEATH MATED TO N 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 4. RACE S DATE OF BIRTH 2d. HOUR last birthday)
77YRS. P.M3. 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED torm country) WASHINGTON WIDOWED DIVORCED State Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital after death 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Own Home HAGERSTOWN WESTERN MD. Housewite 13e. STREET AND NUMBER death. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. GTV OR TOWN 13d. INSIDE CITY LIMITS? with 13b. EDENTAS Ruig Ton It agentown YES haurs land 2 in Item 1 after 14. FATHER'S NAME S. MOTHER'S MAIDEN NAME haurs Examiner's pages 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** be executed within pencil (Yes, no, or unknown) (If yes give war or dates of service) = within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). permit. farwarded to the Chief Medical pending PART I. DEATH WAS CAUSED BY: Generalized arteriosclerosis several IMMEDIATE CAUSE (o) Parkinsonism years DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO P 4 shauld be 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 shauld PRIMARY TOR CONTRIBUTING HOUR AM EXAMINER: crematian, Fell from bed 3/18 19 68 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.), State Hospital DIRECTOR: Page WHILE AT WORK AT WORK 1500 Pennsylvania Hagerstown Wash Maryland 220. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X, Inquiry and in my opinion the funeral directar. Natural causes Accident . Suicide . Homicide death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL may be re FUNERAL I 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health Dr. E. W. Ditto, Jr. NAME (Type) ADDRESS(Street, city, town, or county) 50 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Rest Haven Cemetery So. REC'D BY REGISTRAR REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE VR ATSME B DATE OCT Rest Haven Juneral Chapel Hagerstown, Md. 10M REV. 1

necessary and analysis analysis and analysis analysis and analysis analysis analysis and analysis and analysis and analysi And the second s and reduce the rest of the street. himid to the love enter second some relien and Cost Print Historic Figure Franciscom, I. 180 1 1869

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

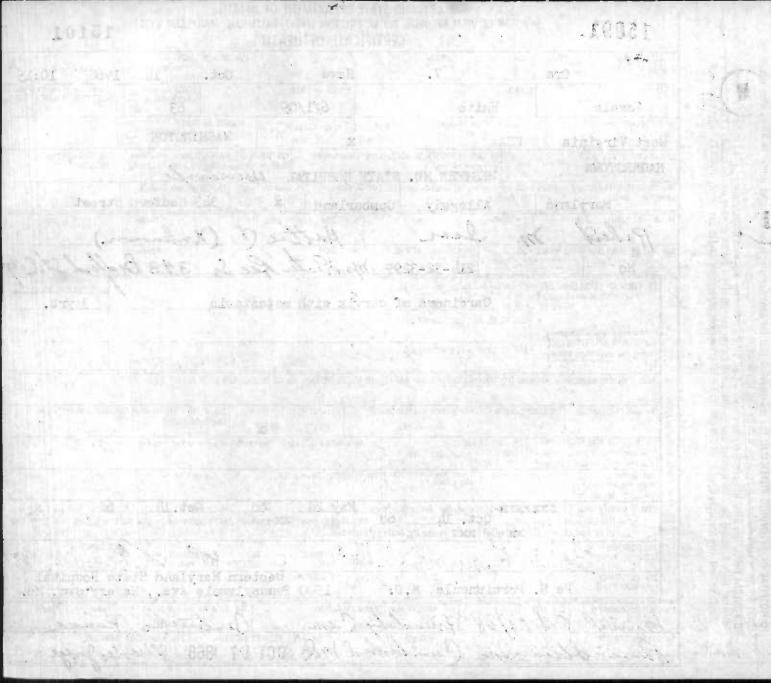
15101

1. DECEASED-NAME	First		Middle		Last	2a. DATE			2b. HOUR	
(Type or print) Ora		V.		N	ave	Oct	Month 14	Doy 1968 ear	1968ear 10:15	
3. SEX Female		4. RACE Whit	е	S.	DATE OF BIRTH 6/1/05		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State country) West Virg	inia	75. CITIZEN OF WHAT		WIDOWED X			SHINGTON		Md	
10. CITY OR TOWN OF I	VN	give stree	OF HOSPITAL OR IN t address) **ERN MD.	STATE H	OSPITAL	most of working		ed.) INDUSTRY	OF BUSINESS OR	
13a. USUAL RESIDENCE admission) STATE	(Where decease ryland	led lived, if institution:	Residence before	Cumber	VEC 🗔		STREE AND NUMBER			
14. FATHER'S NAME Paker	First	m. Middle	sec		MOTHER'S MAIDEN NAME HALLE	First (	Xnkno	wn)	Lost	
Yes, na, or unknown		vor or dates of service)	. SOCIAL SECURITY  14-32-32	1 5 44	Lester &	See Si	. 343	Bedford	St.Cx	
18. CAUSE OF DI PART I. DEAT	THE SALAC CALICE	ATE CAUSE (a) Car	cinoma c	f cervi	x with meta	<u>astasis</u>		BETWEEN	OXIMATE INTERVAL I ONSET AND DEATH	
Canditians, if any rise to immedia stating the under last.	re cause (a), (	(b)	CONSEQUENCE OF							
1714	IGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE O	R CONDITION GI	VEN IN PART 1(a)			
19a. DATE OF OPER	ATION 19b.	CONDITION FOR WHICH	OPERATION WAS PE	ERFORMED	20a. AUTOPSY? YES NO	CALI	IF YES, WERE FINDIN SES OF DEATH?	GS CONSIDERED IN	CERTIFYING	
21a. ACCIDENT W	CAUSE OF DEAT	TH HOUR A.M. N	lanth Day Year	21c. HOW	INJURY OCCURRED (En	iter nature of in	njury in Part 1 ar Par	rt 2, Item 18.)		
While Nat w	JRRED 21e.	PLACE OF INJURY (AT I	ICE BUILDING, ETC.		TION Street or R.F.D. I		ity ar Tawn	County	State	
saw the	deceased a	ilive an Oct. e, (1) (was) (did) (dic	. 1/1	19.00, and t	<b>ay 28</b> , 19 hat in (my) ( <b>353¢</b> ) a ath.	68, ta_ pinian deatl	n accurred an the	19 <u>68</u> , tha e date and hou	it (I) ( <b>\%)</b> last rand from the	
22b. SIGNATURE	He	U. Porci	unce	ele DEGRÉE	ATTENDING PHYS.	MED. DIRECTOR	PHYS.	OC forces	14, 1988	
22d. PHYSICIAN'S NAME (Type)	Fe	U. Porciun					aryland S			
23a. BURIAL, CREMATIC REMOVAL (Specify	Oc	P. 17/68	Friend		em.	Cen	TION (City or Town)	(County) Pans	(State)	
24. FUNERAL DIRECTOR	Sto	in las	ADDRESS	bulad	MA PATOC	BY REGISTRAR		RAR'S SIGNATURE	dal	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the transport director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages Land 2 shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

be executed within 24 haurs after death

VR A15 (4) 30M REV. 1/68



15092

death.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15102

I. DECEASED-NAME Fir	rst Middle	Last	20. DAIL U			. HOUR					
(Type or print) Ea	irl Elner	Neville	00	ctober 20	1968 2	35x					
SEX	4. RACE	S. DATE OF BIRTH		6. AGE (In years		ER 24 AR					
Male	White	Novembe	z 30,1907	last birthday) YRS.	MONTHS DAYS HOURS	S MII					
a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		F DEATH							
Hagerstown, Md.	ISA	WIDOWED DIVORCED		ashington							
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	NSTITUTION (If nat in haspital   12	a. USUAL OCCUPATION	N (Kind of work done	12b. KIND OF BUSINE						
Hagerstown	give street address) Washington	Co. Hospital	uring most of working	life, even if retired.)	Railroa	d					
3a. USUAL RESIDENCE (Where dece	eased lived, if institution: Residence befa			TREET AND NUMBER	1,00000	-					
odmission Maryland	Washinaton	Hagerstown YES[	X NO □ 603	Wise St.							
14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN	NAME First	Middle	Las	t					
Charl	es Patrick New	ville	Mary	Agnes	Johns						
16a. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL SECURI		110004	Address	printer	-					
Yes, nor unknown) (If yes giv	ve war or dates of service) 705-10-	6593 Mrs. E. E. Nev.	ille 603 4	lise St. Haa	erstown. Ma	4					
	only one cause per line to (a), (b), and	11 1			APPROXIMATE INT	ERVAL					
PART I. DEATH WAS CAU	JSED BY:	MINERIC	^		MIUM	Vil					
4924 IMME	DUE TO, OR AS A CONSEQUENCE	or c y	0	1)	V						
Conditions, if any, which gov		196 12/14/11)	My WHI	Musseull	- CONVIN	OUN					
rise to immediate couse (a		OF.	1	11	720						
stating the underlying caus	e bot 10, ok 25 % constructive	. //		//	San Hotel						
-74//	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
MAN	Manducter IN formered										
19a. DATE OF OPERATION 19	96. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?	20b. I	F YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYI	NG					
DIFIC		YES 🗆	NO CAUSE	S OF DEATH?							
210. ACCIDENT WAS UNDERLY	YING 216. TIME OF INJURY	21c. HOW INJURY OCCURRED	(Enter nature of inju	ury in Part 1 ar Part 2, 1	tem 18.)						
OR CONTRIBUTING CAUSE OF CO		ear 19									
	1e. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.		.F.D. No. Cit	y ar Tawn	County	State					
While Not while of work	OFFICE BUILDING, ETC.	1 12 1	1-1	1 2							
	(this hospitol) attended the dece	ased from	19 64 to	10190 19	(1) ( that (1) (	we)					
saw the deceosed	olive an OC/ 20	19 <i>01</i> , and that in (my) (or	ur) opinion deoth	occurred on the do							
	ove, (I) (we) (did) (did not) view th	he body ofter death.									
22b. SIGNATURE	226. SIGNATURE NO MED. STAFF 22c. DATE SIGNED										
1 To	DEGREE PHYS. DIRECTOR PHYS.										
22d. PHYSICIAN'S NAME (Type)	K. JARd13A9	AR MA 22e. ADDRESS	W. 18 X.	AMIL X	AGUD BUI	2/6					
23g. BURIAL, CREMATION, 23	b. DATE / 23c. NAME	OF CEMETERY OR CREMATORY	23d LOCAT	ION (City or Town)	(County) (Sto	nte)					
REMOVAL (Specify)		t Haven Cemetery		erstown-Was	. ,,						
	u Cotton ADDR		REC'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE						
Rest Hoven Tu	neral Chanel Hay	geratown Md DATE	DOT 9 4		was Juda	2					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within VR A15 3

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of Page 4 may be retained by the hospitol or ottending physician.

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705-10-6593 may 1. 1. con the door light st. 1 con sections, The

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then prease remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, or renewed, and in any event, within 72 haurs after death. after death. the funeral

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

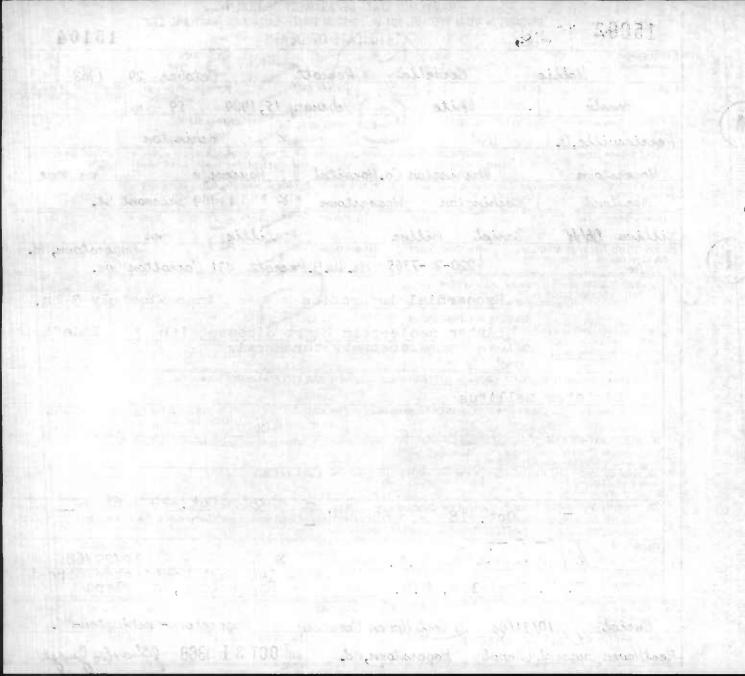
15104

I. DECEAS			widdle		F021	20	O. DATE OF DE					HUUK
(Type	or print) Hallie		Berdella		Perro	tt	Oct	Month	29	1968		M
3. SEX		4. RACE			5. DATE OF B	IRTH	6	. AGE (In yea	rs	F UNDER 1 YEAR	IF UNDE	
	Female	Contract of the second	White		Febru	ery 15.19	09	last birthdoy)	YRS.	ONTHS OAYS	HOURS	MIN.
	PLACE (State ar fareign 7	b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MAI		OUNTY OF D	EATH				
Per	riesville.O.	USA		WIDOWED		RCED 🔀	Wast	ringto	n			Md.
	R. TOWN OF DEATH		E OF HOSPITAL OR INST	ITUTION (If r	ot in hospital	12a. USUAL OC	CCUPATION (K	and of wark	done	12b. KIND 0	F BUSINES	SOR
He	agerstown		et gddress)	Ca Ha	spital	during most a	if warking life	e, even if reti •	ired.)	Own	ldome	,
3a. USUA	AL RESIDENCE (Where deceased	lived, if institution	: Residence before	13c. CITY OR		13d. INSIDE CITY LIMITS?	13e. STREE	T AND NUMB			7401110	
dmission	Varyland	13b COUNTY in	gton	Hager	stown	YES NO	409	Free	nont	St.		
4. FATHE	R'S NAME First	Middle	Lost	1:	. MOTHER'S M	AIDEN NAME First		Mid	dle		Lost	
will	iam Dohl	Daniel	Mille	r		Lill	ie	Anv				
160. WAS	DECEASED EVER IN U.S. ARMEI	(asigned to sately an	6b. SOCIAL SECURITY N		NFORMANT			Addi	ress/Hag	gersto	wn, (	d.
res, ne	a, or unknawn) (If yes give war	or doles of service)	220-26-73	65 M.	zullen J.	Perrott	431 (	arroli	ton f			
18.	CAUSE OF DEATH (Enter only		for (o), (b), ond (c).)								ONSET AND	
	PART I. DEATH WAS CAUSED I	BY: CAUSE (a) Myo	cardial	infa	retion	n	Ap	proxi	mat	ely 3	hr	
1	+109		A CONSEQUENCE OF			700						
	ditians, if ony, which gave	(b) Ar	terioscl	erot	ic hea	art dise	ease t	with		Ind	efi:	nite
	ta immediate cause (o), ing the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF	oron	ary tl	arombos:	is				- 1	-
last.		(c)	V-85376									
PAR	T 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTIN	IG TO DEATH BUT NO	T RELATED TO	THE TERMINA	L DISEASE OR CONDI	ITION GIVEN I	N PART 1(o)			117	
× 40	20/Diabetes	mellitu	ıs									
Ĭ 19o.	DATE OF OPERATION 19b. CO	NDITION FOR WHICH	OPERATION WAS PER	FORMED	20o. AUTO	PSY?		ES, WERE FIND	INGS CON	ISIDERED IN	CERTIFYIN	G
190.					YES	· caus	CAUSES O					Z)))
	ACCIDENT WAS UNDERLYING		NJURY Month Doy Yeor	21c. H	OW INJURY OC	CURRED (Enter nat	ure af injury	in Part 1 ar P	ort 2, Ite	m 18.)		- 17
	ither, natify medical examine	r) P.M.	19		NE EL							
210	I. INJURY OCCURRED 21e. Pl	LACE OF INJURY (A	HOME, FARM, STREET, FACT FFICE BUILDING, ETC.	ORY,) 21f. LO	OCATION Stre	et ar R.F.D. No.	City or	Town		County		Stote
at w	ork of work	191.35										
220	a. I certify that (1) (this saw the deceased aliv	hospital) atten	ded the deceose	d from_	Jan. 7	1962	_, ta_ <u>UC</u>	6. 29	, 19 0	00 , tha	T(1) (N	re) last
	couses stoted obove,	(I) (we) (did) (d	id nat) view the h	ody after	a inai in ( <u>m</u> deoth	y) (aur) apiniai	n deoth acc	curred an t	ne dote	ona navi	ond tre	im the
22b.	SIGNATURE /	(1) (110) (010) (0	e and the state of the state of	ouj uno					22c. DA	TE SIGNED		
	(812)	1 buris	M.I	) DEGI	REE PHYS.	NG MED.	TOR -	STAFF PHYS	10/	129/6	8	
22d.	PHYSICIAN'S				22e. ADI	DRESS 148	West	Wash	ingt	on S	tre	et
	NAME (Type) B. B.	. Kneis	Ley, M.D	•		Hage	rstov	vn, Ma	aryl	and		
3a. BUR	IAL, CREMATION, 23b. DA	TE	23c. NAME OF C	EMETERY OR	CREMATORY	23	d. LOCATION	(City ar Tawn	1)	(Caunty)	(Stot	B)
REN	Surial / 10	1/31/68	Rest H	aven (	Cemeter		agerst				Md.	
24. FUNE	RAL DIRECTOR When	4. Hor	ADDRESS			2Sa. REC'D BY RE		2Sb. REGIS				
Resi	tHaven Juneral	Chapel	Hagers	town.	Md.	DATE OCT	3 1 19	68 8	Clas	May &	udge	

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the haspital ar attending physician.



### 196

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15105

	4		10 0100 00 00 00 00	I at the second
1. DECEASED-NAME Fi (Type or print)	rst Middle	Lost	2a. DATE OF DEATH  Month Day	Yeor 2b. HOUR
	rson Rae	Potter	October 14.	1968 3:00A N
. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Male	White	June 7, 18	last birthday) YRS.	MONTHS DAYS HOURS MIN.
a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
country) arrowsburg, Md.	U. S. A.	WIDOWED DIVORCED	Washington	M
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL O	OR INSTITUTION (If not in haspital 12a.	USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
Hagerstown	give street address)	Co. Hospital durin	no most of working life, even if retired.)	ranite Works
	eased lived, if institution; Residence be	fore 13c, CITY OR TOWN 13d, INSIDE	CITY LIMITS? 13e. STREET AND NUMBER	THILLY HOLKS
idmissian) STATE	I 13b. COUNTY	Knoxville YES		
Maryland  4. FATHER'S NAME First	Washington Middle	ist IS. MOTHER'S MAIDEN NA/		Last
Josep		rity NO. 17. INFORMANT	Pinkie	Long
Ves_po, grunknawn) (if yes gi	was war or dates of cenura)		Address	
Yes no, ar unknawn) (If yes gi	219-05-	2535 Mrs.Maude Pot	ter, Rfd. 2, Knoxv	ille, Md.
18. CAUSE OF DEATH (Enter	anly one cause per line far (a), (b), an	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	JSED BY: EDIATE CAUSE (a) Coubra	1 throb- bosil		10 000
1 4339				
Conditions, if any, which gav	ve) Sever	alos anthe	~is relevos!	Year
rise to immediate cause (a	1),(			
stating the underlying caus	(4)			
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBITING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
	Leta mulis		on contain on over in this i(o)	
19a. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION W.		20b. IF YES, WERE FINDINGS C	ONSIDEDED IN CEDTIEVING
19g. DATE OF OPERATION 1	76. CONDITION FOR WHICH OFERATION W.		CATISES OF DEATHS	
A COURTNE WAS INVESTIGATED	MING. Law Sins of Million			
	2.0		(Enter nature of injury in Port 1 or Part 2,	Item 18.)
(If either, notify medical exc	iminer) P.M.	19		
	TIE. PLACE OF INJURY (AT HOME, FARM, STRE	EET, FACTORY.) 21f. LOCATION Street or R.F.D	). Na. City ar Town	County State
at wask at wask				
22a, I certify that (1)	(this haspital) attended the dec	teased fram / , 1	1966 , to 10-17-, 19	58 , that (I) (we) la
saw the deceased	alive an 10-17-	19 <u>_04</u> , and that in (my) ( <del>eer</del> )	apinian death accurred an the da	ite and haur and fram th
	ave (I) (we) (did) (did nat) view	the bady after death.		
22b. SIGNATURE	tuo was	ATTENDING TO	MED. STAFF 22c.	DATE SIGNED  10-14-68
		DEGKEE PHYS.	DIRECTOR L PHYS. L	10-14-00
22d. PHYSICIAN'S NAME (Type)	EPH SECONDA	9 RJ 22e. ADDRESS	BOONSBOR.	Ind
(17/4)				
		E OF CEMETERY OR CREMATORY	23d. LOCATION (City ar Town)	(County) (Stote)
BENDYAL Decify) 1			ery Brownsville, Wa	
24. FUNERAL DIRECTOR			C'D BY REGISTRAR'S	SIGNATURE
John H. Bast. J	r. 112 N. Main St.	. Boonsboro, Md DATE	OCT 18 1968 gold	arley Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe

Page 4 may be retained by the haspital ar attending physician.

Terrogramme, Md. U. S. A. Mighten

Harristoni Camington Co. Hospital Salesnin Granite Vories

Maryland Heshington Appryills X Bid. 2

Joseph S. Pateer Pinkle Tong No. 219-05-2535 Mis.Made Pobber, Add. 2, Empyrille, Ma.

And the state of t

Puriod 10- 10- 10- 68 Brownsville Egys. Cometory Brownsville, Mach. Co., Mil.

Town A. Bran. dr. 112 M. Main Sp. Boonsboro, Mr. DCT 18 1969

1. DECEASED-NAME (Type or print)

1. DECEASED-NAME (Type or print)

3. SEX

Female

70. BIRTHPLACE (Stote or country)

New You

10. CITY OR TOWN OF DE

HAGERSTOWN

130. USUAL RESIDENCE (to odmission) STATE 15

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15106

	ASED-NAME	First		Middle		Lost		20. DATE OF	44 d D			. HOUR p
(Түре	e or print)	Edna	3.	Catherine	9	Powna	ill	10	Month 2 Do	198	8 6	:15m
3. SEX			4. RACE		AND D	S. DATE OF E	BIRTH		6. AGE (In years	IF UNDER 1		ER 24 HRS.
	Female		Whi	te		4/2	23/84		lost birthdoy)	MDNTHS	DAYS HOUR	MIN.
	THPLACE (Stote or fo	oreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED [	NEVER MA	RRIED	9. COUNTY OF	F DEATH			
country	New York		USA		WIDOWED [		ORCED 🗌	WASHI	NGTON			Md.
10. CITY	OR TOWN OF DEAT			ME OF HOSPITAL OR INST	ITUTION (If no	ot in hospitol			(Kind of work done		ND OF BUSINE	SS OR
HAC	ERSTOWN		give s	TERN MD. S	TATE 1	HOSPTT	AT during mo	st of working	n Kodak	INDUS		d
13o. USI	UAL RESIDENCE (Wh	ere deceose	d lived if institution	nn. Residence hefore	13c. CITY OR	TOWN	13d. INSIDE CITY LIF	MITS? 13e. S	TREET AND NUMBER			
oamissio	on) STATE Mary	yland	13b. COUNTY MC	ntgomery	Bethe	sda	YES NO	80	030 Park 0	verlo	ok Dr.	
		irst	Middle	Lost	15	. MOTHER'S A	AAIDEN NAME FI	irst	Middle		Los	t
	Will	liam	Henry	Powna	11		Car	roline			Hil	L
	AS DECEASED EVER		ED FORCES? ir or dates of service)	16b. SOCIAL SECURITY N		NFORMANT			Address			
tes,	no, or unknown)	(ii yas give wo	and deleg of selate)	073-03-3					Oppenfel		20034	
18				e for (o), (b), ond (c).)	8	3030	Overlo	ok Dr	Bethesd	a Md	APPROXIMATE INT	ERVAL D DEATH
	PART I. DEATH V	VAS CAUSED	BY: IF CAUSE (a)	Pulmonar	y embo	lism					24 hrs	3.
	4369	(MMLD)		S A CONSEQUENCE OF			1700					
Co	nditions, if ony, wl	hich gove	(b)	Generalia	zed ar	terios	clerosi	is with	CVA		l yr.	
	se to immediate co oting the underlyi			S A CONSEQUENCE OF								
	st.	)	(c)			236						
P	ART 2. OTHER SIGNI	FICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO	THE TERMIN	AL DISEASE OR C	ONDITION GIVE	EN IN PART 1(o)			
Z	33/x											
CERTIFICATION 151	o. DATE OF OPERATION	)N 19b. (	ONDITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUT	OPSY?		F YES, WERE FINDINGS S OF DEATH?		IN CERTIFY!	NG
THE						YES [2			y	es		
	O. ACCIDENT WAS		2.0	INJURY Month Doy Year	21c. HC	OW INJURY OF	CCURRED (Enter	noture of inju	ury in Port 1 or Port 2	, Item 1B.)		
ĕ (IIf	either, notify med	icol exomin	er) P.M.	19		5-11						1.34
W	work of work			AT HOME, FARM, STREET, FACT DFFICE BUILDING, ETC.					y or Town	County		Stote
22	2a. I certify the	at (I) (thức	schospital) atte	nded the decease	d fram	Apri.	18, 19_0	58_, to	Oct. 2 , 1	9 68 ,	that (I) (	we) last
	saw the dec	ceased al	ive an Oct	did not) view the b	on, and	d that in (r	ny) (ōtrt) apii	nian death	accurred an the d	ate and I	naur and f	ram the
22	2b. SIGNATURE	Donne	190 N.	Large	DEGR		LJ DI	ED.	STAFF PHYS.	. DATE SIGN 10/3/	68	
22	d PHYSICIAN'S	-		ccia, M.D.					d. State H La Ave., H			Md.
	URIAL, CREMATION,	23b. D		23c. NAME OF C	EMETERY OR	CREMATORY		23d. LOCATI	ION (City or Town)	(County	r) (Sto	ote)
R	EMONAL Specify		/3/68	Pike Ce	meter	У		Pik	e Wyomin	q Co	New	York
	NERAL DIRECTOR	Ha	gerstow	n Md ADDRESS	12000		2So. REC'D B	Y REGISTRAR	2Sb. REGISTRAR	S SIGNATUR	RE.	
1 3	Andrew	K. C	offman	Funeral	H ome	Inc	DATE OCT	7 18	368 gale	mes)	judge	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and complement director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, with VR A15 (4) 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

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VR A15ME (5) 10M REV. 1/68

STATE DEPARTMENT OF HEALIN

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

150	96 DIVISION	OF VITAL RECO	RDS, 301 W. PR EXAMINER						151	07	A
1. DECEASED-NAME (Type or Print)		MIRA	Middle MAY	RUBY	Last		OF ES	OWN Man TI- TED OC!		Year 20	万世里 196
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (	In years IF UNDER		IF UNDER 24 HRS		NOUNCED DEAD			34 HOW
FEMALE	WHITE	11/2/		YRS. MONTHS	DATS	HUUKS MIN	Octob	Day	Yeo	1968	A
7a. BIRTHPLACE (St	ate or foreign 7	b. CITIZEN OF WHAT C		MARRIED N	EVER MARRIE	ED 9. CO	UNTY OF DEATH				
virgi	nia	U.S.	A .	WIDOWED X	DIVORCE	D 🔲	WASHIN	GTON			N
IO. CITY OR TOWN	OF DEATH	11. NAME	OF HOSPITAL OR INST			12a. USUAL C	CCUPATION (Kin	d af wark dan	e 12b. KIA	D OF BUSI	NESS OR
HAGERS	TOWN	give stree	oddress) HINGTON	CO. HO	SPTTA	during most	OTISEWT	even if retired	.) INDUSTR	HOME	47.
13a. USUAL RESID	ENCE (Where decease	d lived, if institution	: Residence befare 1	3c. CITY OR TOWN	13d. IN	SIDE CITY LIMITS?	13e. STREET A	ND NUMBER		110111	-
admission) STA	ARYLAND	13b. COUNTY WAS	HINGTON	HACTES	TOWNYE	S NO	204	N. LO	CITST	ST	
14. FATHER'S NAME		Middle	Last	IS. MOTH	IER'S MAIDEN	NAME First		Middle	0001	Last	
	EUGENE	CITONIE)	BURNER		ਾ ਹ	IZABE	תודו א	NN	CDAT	VFORI	
	EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17. INFORM		SLARDE	111 14	ADDRESS	CILAY	AT. OTT	,
(Yes, na, ar unkn	awn) (If yes give w		70-5272			DRED	MOTIS II		MOLTAT	MD	
NO	05 05 05 05 05 05			MAS	MILI	1)KEU	MOTE L	AGERS		APPROXIMATE I	INTERVAL
PART I	DEATH WAS CAUSED	ane cause per line for BY:		1					BET	WEEN ONSET	AND DEATH
11.11	IMMEDIAT	TE CAUSE (a) Pne							Sever	al da	y's
Conditions	fany, which gave		A CONSEQUENCE OF								
	ediate cause (a),	(b) Ger	eral Arte	rioscler	cosis,	Sever	e		Sever	al ye	ars
stating the	underlying cause	DUE 10, OR AS	A CONSEQUENCE OF								
_	,		ctured Fe						60	hour	:s
PART 2. OTHE	R SIGNIFICANT CONDIT	TIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO THE TER	RMINAL DISEA	ASE OR CONDITI	ION GIVEN IN PA	RT 1(a)			
8 4500							733				
190. DATE OF	OPERATION	196	. CONDITION FOR WH WAS PERFORMED?	ICH OPERATION					20	. AUTOPSY	?
19a. DATE OF		100000000000000000000000000000000000000						1 //		YES _	NO.
21a. EXTERNA	L CAUSE WAS OR CONTRIBUTING		RY Manth, Day, Year	21c. HOW I	NJURY OCCUR	RRED (Enter nat	ure of injury in	Part 1 or Part :	2, Item 18.)		
PRIMARY CAUSE OF DE	ATH	5 P.M. 7	0-17- 1968	Slippe	ed whi	le sta	nding b	eside b	ed in		
	OCCURRED 21e. P	LACE OF INJURY (At he ary, affice building, et	ame, farm, street,	2N. wicksto	INTEGET 60	meno.	City or To	ıwn	Count	Υ	State
AT WORK	AT WORK XMar	ary, affice building, et	Nursing H	lome Viz	roinia	ATTO.	Hagare	town W	lachin	otan	Ma
22g.	I certify that I to	ak charge of the r	emoins described	abave, held ar	Autopsy	/ Ir	spection X	Inquiry	П. n	nd in my	v opinia
		Naturol causes					Undetern			110 111 1111	у орина
	1	7		, Joicido		MEDICAL EXAMI	_				
ACTUAL	1.0	as A	1/8-1		377 141.5	NT MEDICAL EX	_	22b. Da	ATE SIGNED		
SIGNATURE	- 1	- July	0	M	- 67 -	MEDICAL EXAM			-21-68		
NAME (Typ		M. Ditto,	Jr.	215			on obtain)				100
23a. BURIAL, CREA				METERY OR CREMA			LOCATION (Cit		(County		ate)
REMBUALS	neiful	0/23/68		AVEN CE			HAGERS				,
24. FUNERAL DIRE		0/23/00	ADDRESS			a. REC'D BY RI		2Sb. REGISTRA			
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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7	-	4	0	0
1	2	- 1	10.0	28
December 1	-	11000		1

15097

CERTIFICATE OF DEATH

Minnich Funeral Home

1. D	ECEASED-NAME	First	Middle		Lost		2o. DATE OF				2b. HOUR
(	Type or print)	Diane	Karren		Sadler			Octonth	20	1968	M
3. S	EX	4. RACE			S. DATE OF B	IRTH		6. AGE (In y		IF UNDER 1 YEAR	IF UNDER 24 NRS.
	Female	W	hite		April	30 194	6	lost birthd	YRS.	MONTHS DAYS	HDURS MIN.
70.	BIRTHPLACE (State or fo	reign 7b. CITIZEN O	F WHAT COUNTRY?	8. MARRIEDX			COUNTY OF	DEATH			
COU	Hagerstov	m Md. U	S. A.	WIDOWED		RCED 🗌	Was	hingto	n		Md.
10.	CITY OR TOWN OF DEAT	K I	1. NAME OF HOSPITAL OR INS	TITUTION (If nat	t in haspital		OCCUPATION	(Kind af wor	rk done	12b: KIND OF	BUSINESS OR
	Hagerstov	WIL .	give street oddress) Washingto			during mas	t of warking House	Wife	etired.)	Home	
	USUAL RESIDENCE (Who	ere deceased lived, if ins	titution: Residence before	13c. CITY OR 1	rown	13d. INSIDE CITY LIMI		REET AND NU		177	T. TERR
uon	Md.	130. COO!	Washington	Hager		YES NO	- '/'	Antie	tam	Drive	
14.		rst Midd	le Last	15.	MOTHER'S M.	AIDEN NAME Firs	st	٨	Middle		Last
		rles E	Messne			Wah	netta			Will	iams
	i. WAS DECEASED EVER II Yes, na, ar unknawn)	N U.S. ARMED FORCES? (If yes give war or dates of service	16b. SOCIAL SECURITY N		FORMANT			A	ddress		
	no	no	219-44-4	371	Paul	K Sadle	r Jr.	431 A	ntie	tam Dri	AATE INTERVAL
			er line for (o), (b), ond (c).							BETWEEN O	NSET AND DEATH
	PART I. DEATH W	VAS CAUSED BY: IMMEDIATE CAUSE (a) _	Cerebral He	morrhag	ge					24 hr	8.
н	1129		OR AS A CONSEQUENCE OF								
	Canditians, if ony, wh	nich gave) (b).	Malignant	melanor	na					3 ye	ars
	stating the underlying		OR AS A CONSEQUENCE OF							1 2 60	
	last.	(c)_									
0	PART 2. OTHER SIGNII	EICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINA	L DISEASE OR CO	NDITION GIVE	N IN PART I(a	)		
NO	1409										
CERTIFICATION	19a. DATE OF OPERATIO	IN 196. CONDITION FOR	R WHICH OPERATION WAS PE	RFORMED	20a. AUTO			YES, WERE FI	NDINGS CO	NSIDERED IN CE	RTIFYING
ERTIF	al accident lines	THE PROPERTY OF THE PARTY OF TH		To the second	YES	12.23					
	210. ACCIDENT WAS I		AE OF INJURY  A.M. Month Doy Yeor	21c. HO	W INJURY OC	CURRED (Enter r	nature ot injui	ry in Part 1 a	r Part 2, It	tem 18.)	
MEDICAL	(If either, natify medi	ical examiner) F	P.M. 19								
N	21d. INJURY OCCURRE While Not while at work		RY ( AT HDME, EARM, STREET, EAC OFFICE BUILDING, ETC.					or Town		County	State
	22a. I certify the	at (I) (this-hospital)	attended the decease	d fram	11-2	3_, 19_6	3 , ta	10-	2719	6 ks, that	(I) (we) last
	saw the dec	eased alive an	10-17	9 <u>68</u> , and	that in (m	y) (aur) apini	ian death c	accurred ar	the dat	e and haur (	and fram the
	22b. SIGNATURE	a abave, (1) twelto	did)-(did not) view the	oddy difer di	eam.				1 22¢ D	ATE SIGNED	
	Charle	15- H	22	DEGRE	11113.	LEJ DIR	D. EECTOR	STAFF PHYS.		-21-6	<b>5</b> ·
	22d. PHYSICIAN'S NAME (Type)	Charles F.	Hess, M.D.		22e. ADI	Smit	hsburg	, Mary	land	21783	
23a	BURIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR C	REMATORY		23d. LOCATIO	ON (City or To	wn)	(County)	(State)
	REMOVAL (Specify) Burial	Oct. 22	68 Wol: f	sville	Luthe	ran Cem	Wol	fsvill		Fred.	Md.
24.	FUNERAL DIRECTOR		ADDRESS	Medal		2Sa. REC'D BY	REGISTRAR	2Sb. RE	GISTRAR'S	SIGNATURE	
	Minnich H	uneral Home	Smithsburg	Md.		OCT :	3 1968	3 you	10×10	y Judge	6

the funeral within 24 haurs after death. death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon paper shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72, Page 4 may be retained by the haspital ar attending physician.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed,

VR A15 10 30M REV. 1 68

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OUT W. I RESTOR STREET, BRETTHIONE, MINITED		Star	4 -	
CERTIFICATE OF DEATH	1	5	LU	

		First	Middle		Lost	20. DATE OF	44 .1	v	26. HOUR
(	Type or print)	BECCA	FRANCES	SHAL	NHOLTZ	(	October ]	6 1968	
s. SE		4. RACE	TRANCEO	911111	S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female		White		Sept 6	1886	lost birthday) yrs.	MONTHS DAYS	HOURS MIN.
70	BIRTHPLACE (Stote or fareign	7h CITIZEN	OF WHAT COUNTRY?	18 ****		9. COUNTY OF			
	ntry)			WIDOWED	NEVER MARRIED DIVORCED				
	Maryland	U	S.A.				shington	Tan Maria	Md.
0. (	CITY OR TOWN OF DEATH	11 - 1000	11. NAME OF HOSPITAL OR II give street address)		- durin		(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	BOZINEZZ OK
	Hagerstow	/n	824 Jef	ferso	Jen	nousev	vire	Own Ho	me
	USUAL RESIDENCE (Where dissian) STATE				VEC		REET AND NUMBER		
-	Maryland	W	NTY ashington	Hage:	rstown YES x	NO 105	7 Georgia	a Ave	
14.	FATHER'S NAME First	Mid		1	S. MOTHER'S MAIDEN NAM		Middle		Last
	(no re	cord)	Marshall		Mary	B. Hens	son		. 12
	. WAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SECURITY		INFORMANT		Address	19	1,000
1	Yes, no, or unknown) (If ye	s give war or agies at serv	None	M	elvin C. S	Shanhol	tz 1057 (		
	18. CAUSE OF DEATH (Ent	ter only one cause	per line for (a), (b), and (a	(),)	Hager	stown !	Md		MATE INTERVAL INSET AND DEATH
	PART I. DEATH WAS C	AUSED BY:	( -1 -	al be a	Therman	Amis	,	10	house
	14/00	IMEDIATE CAUSE (o)	OR AS A PONSEQUENCE O	mil	000				roung
	Conditions, if any, which o		, UK AS A FONSEQUENCE U	1	ive eV	1000		8	1000.
	rise to immediate cause	(0)	) A FG SEA		roe -	1000		0	4200
	stoting the underlying co	ouse DUE 10	, OR AS A CONSEQUENCE O						
	last.	, (c	)						
	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CON	ITRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERMINAL DISEASE	OR CONDITION GIVE	N IN PART I(a)		
NO	4201								
MEDICAL CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION WAS F	PERFORMED	20a. AUTOPSY?	CAUSES	YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN CE	RTIFYING
RTIFI						)			
L CE	21a. ACCIDENT WAS UNDE		IME OF INJURY  A.M. Manth Day Yea		OW INJURY OCCURRED (	Enter nature of inju	ry in Port 1 ar Part 2,	Item 18.)	
DICA	OR CONTRIBUTING CAUSE ( (If either, notify medical e	examiner)	P.M.	19					
ME	21d INITIPY OCCUPRED	21e. PLACE OF IN.	JURY (AT HOME, FARM, STREET, F	ACTORY.) 21f. L	OCATION Street or R.F.D.	. Na. City	ar Town	County	State
	While Nat while at work		COTTLE BOILDING, ETC.						
	22a. I certify that ()	) (this haspital	) attended the decea	sed fram	1-15-1	9.67, ta_1	0-16,19	68, that	(I) (we) last
	saw the decease	ed alive an	10-16	19.65 an	id that in (my) (e <del>ur)</del>	apinian death	accurred an the d	ate and haur	and from the
		bave, (I) ( <del>we</del> )	(did) (did nat) view the	e bady after	death.				
	22b. SIGNATURE	, P.	0		REE DIVE	MED.	CTAPE	DATE SIGNED	1 0
	/lok	ert!	ourad	DEG	FIII3.	DIRECTOR	. 43	0-17-	08
	22d. PHYSICIAN'S NAME (Type)	bert )	PC		22e. ADDRESS	37 W.	washing		
,			COTTTA			agerst			
230	BURIAL, CREMATION,	23b. DATE		F CEMETERY OF			ON (City or Tawn)	(County)	(State)
	REMOVAL Specify	10/19			Cemetery		rstown W		Md.
24.	FUNERAL DIRECTOR		town Md ADDRES	1.1	2Sa. REG	OCT TEGISTRAR	1968 REGISTRAP	S SIGNATURE	
	Andrew K.	Coffma	an Funeral	Home	Inc DATE	001 10	1000 XCC	carles fo	udge.

Within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and Competely filled in by the Tugeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages and Schould be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs are report. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be<sup>2</sup>.

Page 4 may be retained by the haspital ar attending physician.

VR ATS AU 30M REV

15099

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15110

			CE	KIIIICAI	OF DEATH		10	110	
1. DECEASED-NAME	First		Middle		ost	2a. DATE OF			2b. HOUR
(Type or print)	Flemmi	e	Catherine	Shi	fflet		October	17 1968	
3. SEX		4. RACE		5. D	ATE OF BIRTH		6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
Эет	ale	W	rite	Woo	vember 19.	1896	71 YR		nouks min
7o. BIRTHPLACE (Stote		CITIZEN OF WHAT	COUNTRY? 8.		EVER MARRIED	9. COUNTY OF	F DEATH		
Rockinham	ConVan	USA		WIDOWED 🔀	DIVORCED [	Washi	ington		M
10. CITY OR TOWN OF	DEATH		OF HOSPITAL OR INSTIT				(Kind of work dan		BUSINESS OR
Hagers	town	Hua	on Manor I	Vursing	Home during n	Housewi	life, even if retired	.) INDUSTRY	Home
130. USUAL RESIDENCE	(Where deceosed I	ived, if institution	: Residence befare   13	Bc. CITY OR TOW	N 13d. INSIDE CITY		REET AND NUMBER		
odmission STATI	rd	Washing	ton /	dagerst	own YES X	10 641	W. Washin	igton St.	
14. FATHER'S NAME	First	Middle	Last	15. MO	HER'S MAIDEN NAME	First	Middle		Lost
S	anuel	Edward	Tate		8	ttie			isler
160. WAS DECEASED E			bb. SOCIAL SECURITY NO.	17. INFOR				lagerstou	,
Yes, na, ar unknaw	(1)			Mrss	atherine	Blicken	istaff 312	Notting	than Rd
			far (a), (b), and (c).)			,		APPROX BETWEEN	ONSET AND DEATH
PART I. DE	ATH WAS CAUSED BY IMMEDIATE (	CAUSE (a)	Cerebra	ITI	rombo	412		3	m0 .
2509	7	DUE TO, OR AS	A CONSEQUENCE OF						
Conditions, if ar	y, which gave)	(b)	Artorio	Sclar	0 11 5	Som	4	7	17
stating the und		DUE TO, OR AS	A CONSEQUENCE OF		m/ 1/5,			10	11-1-1
lost. 2.60	X	(c)	012951	19	14011t	Us		10	412.4
PART 2. OTHER	SIGNIFICANT CONDITI	1 .	G TO DEATH BUT NOT	RELATED TO THE	TERMINAL DISEASE OF	CONDITION GIVE	EN IN PART 1(a)		
	cture	, /eft	hip	7/17/	68				
190. DATE OF OPE	RATION 19b. CON	DITION FOR WHICH	OPERATION WAS PERFO	ORMED :	Oa. AUTOPSY?	CALICE	F YES, WERE FINDING: S OF DEATH?	S CONSIDERED IN C	ERTIFYING
210. ACCIDENT					YES NO Z				
	WAS UNDERLYING  CAUSE OF DEATH	21b. TIME OF IN	JURY Manth Day Yeor	21c. HOW II	JURY OCCURRED (Ent	er noture of inju	ury in Port 1 or Part	2, Item 18.)	
(If either, natify	medical examiner)	P.M.	19						
₹ 21d. INJURY OC While Nat v	CURRED 21e. PLA	CE OF INJURY (AT	HOME, FARM, STREET, FACTOR FFICE BUILDING, ETC.	21f. LOCATH	ON Street or R.F.D. N	lo. City	y ar Town	County	State
at wark of w	ark -				1 <del>+</del> 00 10	1	A - 4 - 3	10 // ()	. (1) ( ) )
22a. I certify	y that (I) (t <del>his t</del>	nespital) atten	ded the deceased	Sond th	t in (my) (num) or	pinian doath	occurred on the	date and hour	(I) (we) lo
canses	stated obove, (I	) (wa) (did) (d	id net) view the ba	dy after deat	1 (111 <i>4) (<del>2221)</del> 0</i> [	Jiman deam	accomed on me	date and noor	ond from in
22b. SIGNATURE		, , , , , , ,	. 1	,	,	(urn		2c. DATE SIGNED,	100
M	los	02.	Ilolln	DEGREE	ATTENDING PHYS.	DIRECTOR	STAFF PHYS.	10/18/1	5 Y
22d. PHYSICIAN' NAME (Type		JAX	AOF.	Fman	22e. ADDRESS	poto	macst.	AUT 19	
23a. BURIAL, CREMAT	ON. 23b. DAT		23c. NAME OF CE	METERY OR CREA	ATORY	Y	ON (City or Town)	(County)	(State)
REMOVAL (Special	1	20/68		wen Ce			ierstown-l		
24. FUNERAL DIRECTO		THE	ADDRESS	GP CO	250. REC'D	BY REGISTRAR	2Sb. REGISTRA		Alma a
Reat How	- U WH	TChana	Hagara	tama Md		T 9 1 10		corles you	age.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion. Proge 4 may be retained by the hospital of orrending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and Ampletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be diled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter a should be filed with the State Dept.

VR A15 (4) 30M REV. 1/6

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17 1968	51 No.301	Skirton			io)
	12,1890 21	5.00	15.11		4 1282
	Halloni-Land	Z			cockens b.L.
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	Steam (U. Maret S		2002		1000000
. (,			124	Cheered	American Services
de als gr					
da Habispida da	- 108 (* те	heagone,) san	ni ter	18970E/0	CI ( )

Office olong with form

**DICAL EXAMINER:** This certificate should be executed within 24 hours after deoth

necessory, please execute the certificate, writing the word "pending" in pencil the funeral director. Page 4 should be forworded to the Chief Medical Exdering

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15111

TOTAL	,	MEDIC	AL EXAMINER'S	CEKTIFICA	IE UF DEAL	п		
1. DECEASED-NAME		rst	Middle	Las		2a. DATE KNOWN	Month Day	y Year 2b. HOUR
(Type or Print)	Do	nald	Eugen	e Shind	lledecke	r OF ESTI-	-10 28	681:00
3. SEX	4. RACE	S. DATE OF BII	RTH 6. AGE (in yes	OFS IF UNDER 1 YE		5. 2c. DATE PRONOUN	ICED DEAD	2d. <b>HOO</b> I
Male	W.	3/23/3	39 lest birthday 29	YRS. MONTHS DA		Manth 10	Day 28	Year 1968 3:15
a. BIRTHPLACE (Sta		7b. CITIZEN OF WE		MARRIED NEVER	MARRIED 9.	COUNTY OF DEATH		
duntry) Mary	land	U.S.		L	DIVORCED [	Washingto	on	M
O. CITY OR TOWN (	OF DEATH		AME OF HOSPITAL OR INSTITUT	TION (If nat in hos	pital 12a. USUA	OCCUPATION (Kind of	wark dane 12b	. KIND OF BUSINESS OR
Cas	cade	give	street address) Box	48-Cas	cade	st af warking life, even	if retired.)	ook Binding
30. USUAL RESIDE	ICE (Where dece	osed lived, if institu	ution: Residence befare 13c. (		13d. INSIDE CITY LIMITS	? 13e. STREET AND N	UMBER	
admissian) STAT	Maryla	nd 13b. COUNTY	Washington (	Cascade	YES NO	R Bex 40	3	
4. FATHER'S NAME	First	Middle	Last	1s. MOTHER'S	MAIDEN NAME F	irst	Middle	Last
	John	G.	Shindledeck	cer	Jose	phine		Recker
60. WAS DECEASED E	VER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	16-50 GV		DRESS	Box 48
(Yes, na, or unkno	wn) (If yes g	ive war or dates of service)	215-36-5816	Mrs. I	Donald E.	Shindlede	cker Cas	cade. Md.
TID CAUCE O	F DEATH (F-4		(-) (b) and (d))					APPROXIMATE INTERVAL
PART I.	DEATH WAS CAU	SED BY: Se I f	ine far (a), (b), and (c).)	unahat	t barrows	hannah Al		BETWEEN ONSET AND DEATH
00	IMMED		Inflicted g	unsnot	would t	nrough ti	le near	t. Sudden
753	2 X		AS A CONSEQUENCE OF					
	any, which gave diote cause (a),							
	nderlying cause		AS A CONSEQUENCE OF				-	
last.		(6)						
PART 2. OTHER	SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELAT	TED TO THE TERMIN	AL DISEASE OR CONE	DITION GIVEN IN PART 1(	a)	
- 976 X								
190. DATE OF 210. EXTERNAL	OPERATION		19b. CONDITION FOR WHICH	OPERATION		and the first		20. AUTOPSY?
=			WAS PERFORMED?					YES NONES
210. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY Month, Doy, Yeor	21c. HOW INJUR	Y OCCURRED (Enter I	nature of injury in Port	1 or Part 2, Item	
PRIMARY X	OR CONTRIBUTING	HOUR A.	M. 10/28/68		inflict			
CAUSE OF DEA		PLACE OF INITIRY	At home, farm, street,		reet or R.F.D. No.	City or Town	(	aunty Stote
hettan c	MOT MANUE	factory, affice building	g, etc.)	ZII. COCATION 3	1001 01 10.110.			
		Basemen					cade Wa	
			he remains described ab		the same of		Inquiry	and in my opinio
death r	esulted from:	Natural cau	ses , Accident	, Suicide 🔀	], Hamicide [	, Undetermine	d manner 🔲	
	C. 1	11 11	200 /	(1)	CHIEF MEDICAL EXA	MINER		
ACTUAL SIGNATURE.	1	Durid M	were no	MP MD	ASSISTANT MEDICAL	EXAMINER	22b. DATE SIGN	NED
EXAMINER'S	Hai	M because	Mooles W D		DEPUTY MEDICAL EX			28/68
NAME (Type)	по	ward N.	Weeks, M.D	•	ADDRESS(Street, city	r, tawn, or caunty) Wa	shingt	on
23a. BURIAL, CREM.		b. DATE	23c. NAME OF CEMET	ERY OR CREMATOR		23d. LOCATION (City or		unty) (State)
REMOVAL (Spe	rial	10/31/196	8 Bethel		N 100 10	Lantz R.D.	L. Frede	rick. Md.
24. FUNERAL DIREC		111	ADDRESS	•	2Sa. REC'D BY	REGISTRAR 25b	REGISTRAR'S SIGN	NATURE
11/2/1	1 41	Hinn 16	lavne shore Pe			T 3 0 1968		was Quedas
18 64 1	4. 67	/ 1 / Emily WA	SIVERS RECORDS	TITLE I	(IIIAII)	1 3 11 1700		THE REAL PROPERTY.

VR A15ME (5) 10M REV. 1/68

Health prior to burial, cremation, or removal, and in any event within 12 hours after death.

TO FUNERAL DIRECTOR: Poge 3 should be used as a buriol-transit permit. A

5 may be retained far your files.

inc. U deserts. nodni Book Finding X Eox is Mary sand Sacate Cascade mio", G. Shindledecker Josephine Recienz dis 7.09 215-36-5016 Mrs. Donald B. Smindledecker Caucade, Md. Lentz H. J. L. Protection, 16. urial 10/31/19 8 Pet.el

Saymestoro, Fana. Off 9.8 1869 Weekle Lee

FILET

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15112

. DECEASED-NAME (Type ar print)	-					
	First	Middle		Lost 20	DATE OF DEATH	2b. HOU
(Tipe or print)	Lillian	Ann	Shoem	aker	October 25,	1968 7:00P
. SEX	4. RACE		-1014	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HI
Female	Wh.:	ite		June 27, 1899	last birthdoy)	
a. BIRTHPLACE (State or fo	oreign 7b. CITIZEN	N OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED 9. CO	UNTY OF DEATH	
Luray, Va.	U.	S. A.	WIDOWED	DIVORCED [	Washington	
O. CITY OR TOWN OF DEAT		11. NAME OF HOSPITAL OF give street address)  Washington			UPATION (Kind of wark dane working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY HOME
Hagerstown 3g. USUAL RESIDENCE (Wh		institution: Residence before			13e. STREET AND NUMBER	Own money
dmission) STATE		OUNTY ashington	Hagers	VECT NOT	2309 Virgini	a Ave.
		Aiddle Las		MOTHER'S MAIDEN NAME First	Middle	Lost
7.22	lbur	Clea	lton	Mar		Davis
60. WAS DECEASED EVER I				IFORMANT	Address	DETEN
Yes, no, or unknown)	(If yes give war ar dates of se	219-14-9		George L. Sho		Clearenring.
No.		se per line for (o), (b), ond		deorge no bito	unterior ; record a	APPROXIMATE INTERVAL
	ig couse		OF			
PART 2. OTHER SIGNI	FICANT CONDITIONS CO Lve Vasc. I	(c)	T NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION TO THE TERMINA	ION GIVEN IN PART I(o) MO ilical Hernia  20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	derthritisve
PART 2. OTHER SIGNI	FICANT CONDITIONS COLVE Vasc. I	(c) ONTRIBUTING TO DEATH BUDISEASE. Chr	IT NOT RELATED TO ONIC Cho	lecystitis. Umb 20o. AUTOPSY? YES NO 🙉	oilical Hernia  20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	desenerative CONSIDERED IN CERTIFYING
PART 2. OTHER SIGNI Hypertens: 19a. DATE OF OPERATIO 21a. ACCIDENT WAS	FICANT CONDITIONS COLVE Vasc. I	CONTRIBUTING TO DEATH BUDI Sease. Chr FOR WHICH OPERATION WA  TIME OF INJURY JR A.M. Month Doy Y	IT NOT RELATED TO ONIC ChO S PERFORMED  21c. HO	lecystitis. Umb	oilical Hernia  20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	desenerative CONSIDERED IN CERTIFYING
PART 2. OTHER SIGNI Hypertens  19a. DATE OF OPERATIO  21a. ACCIDENT WAS  ON CONTRIBUTING OF CO	FICANT CONDITIONS COLVE Vasc. I	CONTRIBUTING TO DEATH BUDISEASE. Chr FOR WHICH OPERATION WA  TIME OF INJURY IR A.M. Month Doy Y P.M.	IT NOT RELATED TO ONIC CHO S PERFORMED  21c. HO	lecystitis. Umb 20o. AUTOPSY? YES NO 🙉	oilical Hernia  20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	desenerative CONSIDERED IN CERTIFYING
Dost. 3 5	FICANT CONDITIONS CELVE Vasc . I	ONTRIBUTING TO DEATH BU Disease. Chr FOR WHICH OPERATION WA  TIME OF INJURY JR A.M. Month Doy Y P.M.  INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.  AT HOME JAMES AND STREE OCT 211	IT NOT RELATED TO ONIC CHO S PERFORMED  (ear 19	Lecystitis. Umb 200. AUTOPSY? YES NO M W INJURY OCCURRED (Enter notu	ilical Hernia  20b. IF YES, WERE FINDINGS CAUSES OF DEATH?  re af injury in Port 1 or Part 2,  City ar Tawn  to Oct 25, 19 death accurred on the d	Considered in Certifying  (Considered in Certifying  (County Stote  (County Stote
Description of the decourses and the decourses and the decourse and the decourse and the decourses and the decourse and the de	FICANT CONDITIONS CELVE Vasc . I	ONTRIBUTING TO DEATH BU Disease. Chr FOR WHICH OPERATION WA  TIME OF INJURY JR A.M. Month Doy Y P.M.  INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.  AT HOME JAMES AND STREE OCT 211	TO NOT RELATED TO ONIC ChO S PERFORMED  21c. HO 19 1, FACTORY.) 21f. LO 20sed from OC 19 68, and the bady after d	Lecystitis. Umb  200. AUTOPSY?  YES NO PS  W INJURY OCCURRED (Enter notu  CATION Street or R.F.D. No.  that in (my) tour) apinian eath. Pronounced  EXAMPLE ATTENDING PHYS.  MED. DIRECTOR	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?  re af injury in Port 1 or Port 2,  City or Town  to Oct 25 , 15 death occurred on the d dead by J.J.D	Considered in Certifying  (Considered in Certifying  (County Stote  (County Stote
PART 2. OTHER SIGNI Hypertens.  19a. DATE OF OPERATIO  21a. ACCIDENT WAS  OR CONTRIBUTING OF OPERATIO  21d. INJURY OCCURR While of work  22a. I certify the saw the decouses at the 22b. SIGNATURE	FICANT CONDITIONS CC.  LVE Vasc . I  IN 19b. CONDITION  JUNDERLYING 21b. HOU  Cause of of ATH  Call exominer)  D 21e. PLACE OF I  and the cased alive and addressed al	ONTRIBUTING TO DEATH BU Disease. Chr FOR WHICH OPERATION WA  TIME OF INJURY IR A.M. Manth Doy Y P.M. INJURY (AT HOME, FARM, STREE Oct 2)  did ottended the dece	onic Cho s PERFORMED  21c. HO  19 1, FACTORY.) 21f. LO  203ed from QC 19 68, and the bady after d	200. AUTOPSY?   YES   NO PA     WINJURY OCCURRED (Enter notu	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?  re af injury in Port 1 or Port 2,  City or Town  to Oct 25 , 15 death occurred on the d dead by J.J.D	Considered in Certifying  County Stote  10 000 , that (I) (we) is ate and haur and from the county of the county o
PART 2. OTHER SIGNI Hypertens.  19a. DATE OF OPERATIO  21a. ACCIDENT WAS  OR CONTRIBUTING OF OPERATIO  21d. INJURY OCCURR While of work  22a. I certify the saw the decouses at the 22b. SIGNATURE	FICANT CONDITIONS CC.  LVE Vasc . I  IN 19b. CONDITION  JUNDERLYING 21b. HOU  Cause of of ATH  Call exominer)  D 21e. PLACE OF I  and the cased alive and addressed al	ONTRIBUTING TO DEATH BU Disease. Chr FOR WHICH OPERATION WA  TIME OF INJURY IR A.M. Month Doy Y P.M. INJURY (AT HOME, FARM, STREE OCt 2)  did ottended the dece Oct 2)  did (did not) view to  pleton Laym  23c. NAME	TO NOT RELATED TO ONIC CHO S PERFORMED  21c. HO 19 1, FACTORY.) 21f. LO 20sased from OC 19 68, and the bady after d DEGRI	Lecystitis. Umb  200. AUTOPSY?  YES NO PA  W INJURY OCCURRED (Enter notu  CATION Street or R.F.D. No.  t 11 , 1968 that in (my) tour) apinian eath. Pronounced  E ATTENDING MED. DIRECTO  22e. ADDRESS 301 E. Antiet  CREMATORY 23d  Cametery Sh	ilical Hernia  20b. IF YES, WERE FINDINGS CAUSES OF DEATH?  re af injury in Port 1 or Port 2,  City or Town  to Oct 25 , 19  death occurred on the d dead by J.J.D  STAFF PHYS.   Oc	County Stote  County Md.

John H. Bast, Jr. 112 N. Main St. Boonsboro.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the traditionarity page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers, Pages should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after VR A15 (4) 30M REV. 1/68

1 and 2 death.

funeral

executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the hospital ar attending physician.

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	A. Shoetaeller, 124.			VO.
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			akovat, V +en	
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	inneli Lecy Lideli (e M	te exceloye nig	Pakanyat, Januarya (m. 1912) Walio and Marana (m. 1912)	

Burthl 10-21-od Mountain View Cenetery Sharebourg, was, vo., iii.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. and campletely filled in by the AL DIRECTOR: After this certificate has been signed by the attending physician and Cardpletely filled in by ta page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Po e filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 hours

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-	VR /	115	(4)	3	

TOTO	Art			EKIITICA	IE OF L	ZAIN					
1. DECEASED-NAME	First		Middle		Last		2a. DATE OF				2b. HOUR
(Type or print)	Jeses	oh .	M.	Sl	nupp		Oct.	Month	124	1968	
3. SEX		4. RACE			DATE OF BIR	TH .		6. AGE (In ye	ors I		IF UNDER 24 HRS. HOURS MIN.
Male		Whit	e	1	Dec.	10.18	78	lost birthdo	YRS.	ONTHS DAYS	HOURS MIN.
7o. BIRTHPLACE (State	ar foreign 7	b. CITIZEN OF WH		8. MARRIED			COUNTY OF	DEATH			
Charlt	on, Md.	U.S.A.		WIDOWED	DIVORC		Washi	ngter	1		Mo
O. CITY OR TOWN OF	DEATH		ME OF HOSPITAL OR INST	TITUTION (If nat	in haspital		OCCUPATION			12b. KIND OF E	BUSINESS OR
Rd.1 Cl	ear Spi	cing gives	Route 1				st af warking l	iite, even ii re	rirea.)	Retir	ed
3a. USUAL RESIDENCE	(Where deceased	l lived, if instituti		13c. CITY OR TO		d. INSIDE CITY LIM	74	REET AND NUM			100
dmission) STATE Maryla	nd	Washi	ngten	Clear	Sprin	NO NO	# F	loute	1		
4. FATHER'S NAME	First	Middle	Last	15. /	MOTHER'S MAI		st	M	iddle		Last
Danie		#	Shupp	Y	Sav	lla		#		Well	er
16o. WAS DECEASED E Yes, no. or unknow			16b. SOCIAL SECURITY N		ORMANT				dress		
No.	Nor	or dates of service)	214-54-0	633 1	Edward	Shuj	P Ro	1.1,C1	aer		
	THE LUIS CALLETS	214	ne far (a), (b), ond (c).)								ATE INTERVAL ISET AND DEATH
PAKI I. DEA	ATH WAS CAUSED I	E CAUSE (a)A	rterioscle	rotic V	Jascula	ar Dise	ease, S	evere		5 ye	ars
770	,4	DUE TO, OR A	S A CONSEQUENCE OF								
Conditions, if an		(b)	Senility								
stating the und		DUE TO, OR A	S A CONSEQUENCE OF								
last.		(c)									
PART 2, OTHER	SIGNIFICANT COND	ITIONS CONTRIBUT	TING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL	DISEASE OR CO	INDITION GIVEN	I IN PART 1(a)			
7 7 0 0 0	DATION TIPL CO	ALDITION FOR HALL	CII OPEN LICAL WAS DED	CODMED	Too AUTOD	140	001 15	MEC MEDE EIN	DINCE CON	CIDEBED IN CE	DTIEVALO
19a. DATE OF OPE	KATION 196. CC	NUTTION FOR WHI	ICH OPERATION WAS PER	FORMED	YES T	NO 🗗		OF DEATH?	DINGS CON	SIDERED IN CER	KIIFYING
21a. ACCIDENT V	WAS UNDERLYING	21b. TIME OF		21c. HOW	INJURY OCCU	RRED (Enter	nature of injur	y in Part 1 or	Part 2, Ite	m 18.)	
OR CONTRIBUTING	medical examine	r) HOUR A.M. P.M.	Manth Doy Year								
21d. INJURY OCC While Nat v at wark at w	CURRED 21e. Pl		AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCA	ATION Street	or R.F.D. No.	City	or Town		County	State
22a. I certify	deceased of	ve on Oct	ended the deceose 2 2 19 (didnet) view the b	60, and t	hot in (my	, 19 <u>_61</u> ) (our) opin	B_, to_Ocion death o	ccurred on	, 19 <u>_(</u> the date	ond hour o	(I) (we) las and from the
22b. SIGNATURE	stored abave,	(1) (We) (ala) (	(uncher) view the b	ody after de	diii.				22. DA	TE SIGNED	
220. SIGNATURE	180	il de	X 9	DEGREE	ATTENDING PHYS.		D. RECTOR	STAFF PHYS.	1		060
22d. PHYSICIAN'S			fr.	DESKEE	22e. ADDRI		CECTOR -	rnis.	LUCT	15, 1	1900
NAME (Type		W. Ditt	o. Jr.	215 V			n St.,	Hagers	town	Md.	
3a. BURIAL, CREMATI	ON, 23b. DA		23c. NAME OF C				23d. LOCATIO			(County)	(State)
Burial	Y) ]	0/17/68	St.	Pauls	Cemet			hingt			Md.
24. EUNERAL DIRECTO	R	10.0	ADDRESS		2	Sa. REC'D BY	REGISTRAR	2Sb. REG	ISTRAR'S SI	GNATURE	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban page. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, with a 72 hoors after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the hospital or attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	CEASED: NAME ype or print)	ETHEL		PEAR L	SKE	LTON	2°.	DATE OF DEAT	Month 1 O	Doy 196	8	26 HOUR
3. SEX	FEMALE	4.	RACE WHIT	E	S.	DATE OF BIRTH 12/9/	1899	6. A las	GE (In years t bid by)	IF UNDER 1 MONTHS .		UNDER 24 HRS. DURS MIN
coun	IRTHPLACE (Stote or to the track)	RĞINIA	U.S.	A . v	IDOWED X			UNTY OF DEAT	NGTO			Md.
H	AGERSTOW	N	giv NAe	E OF HOSPITAL OR INSTITU STITINGT ON	CO.	HOSPITA	ing most	UPATION (Kind	of work do	d.) 12b. KII	ND OF BUSI	
13a. admis	USUAL RESIDENCE (Wissian) STMARY	LAND 13	ed, if institution b. COUNWAS	: Residence before 13 HINGTON 1	LAGER	STOWN STOWNS	NO .	13e. STREET A	POPE	AVE.		
14. F		AC NEW		ULL Last	1S. A	NOTHER'S MAIDEN N	AME First	IS	ABE LI		RPE	Last R
16a.	WAS DECEASED EVER	IN U.S. ARMED FO (If yes give war or day		66. SOCIAL SECURITY NO. 14-09-560		S. GRAC	E C.	FULL	Addres HA GI	ERSTOW		MD.
	18. CAUSE OF DEAT PART 1. DEATH Conditions, if any, we rise to immediate stoting the underly last.	WAS CAUSED BY: IMMEDIATE CA which gove)	USE (a) Pro DUE TO, OR AS A (b) Ath	for (a), (b), and (c).)    bable acut   A CONSEQUENCE OF   CONSEQUENCE OF				on		BET	PPROXIMATE WEEN ONSET LO mi	n.
RTIFICATIO	Hypertens 190. DATE OF OPERATI	ive card	liovascı TION FOR WHICH	G TO DEATH BUT NOT R  LLAT DISCASS OPERATION WAS PERFO	se wit	h cerebra 20a. AUTOPSY? YES	al hem	20b. IF YES, CAUSES OF D	WERE FINDING	ine 29)	IN CERTIF	YING
MEDICAL	1911110	CAUSE OF OEATH dicol exominer) RED 21e. PLACE	P.M.	Manth Day Year 19 HOME, FARM, STREET, FACTORY FFICE BUILDING, ETC.	17-	INJURY OCCURRED  TION Street or R.F.		City or Ta		t 2, Item 1B.)  Caunty		Stote
	22a. I certify the	ot (I) (INIICHO	(med (did) (di	ded the deceased 19 (	from Ju 8, ond to ly ofter de	ne 21 hat in (my) (39 ath.	19 <u>68</u> , 19 apinian	, to <b>Oct.</b> death occur	10 , red on the	19 <u>68</u> , e date ond h	that (I) nour onc	( <b>%</b> e) lost I from the
	22d. PHYSICIAN 3	1.27	y	- hos.	DEGREE	11112.	DIRECTO		FF S.	22c. DATE SIGN	r 11,	,
230.	BURIAL, CREMATION,	23b. DATE	/12/68	23c. NAME OF CEM			23d.	etam S LOCATION (CI HAGERS	ry or Town)	Hager (County WASI	) (9	n, Md. Stote) MD.
24.	FUNERAL DIRECTOR	mout	Han	ADDRESS	16		OCT			AR'S SIGNATUR		42

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificial executed within 24 haurs after death.	Page 4 may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral	ould be detached for use as the burial-transit permit. Then please remove carban paper—Pages 1 and 2	ı the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 12 hayız after death.
ING PHY	by the hc	fter this c	be detact	State Dep
ATTEND	retained	ECTOR: A	3 should	with the
ITAL OR	may be	RAL DIR	page	be filed
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VR A15 (4) 30M REV. 1/68

				P1/11111		PERMIT						
DECEASED-NAME (Type or print)	First		Middle		Lost		2o. DATE OF	DEATH Month	Doy 10	Year	1.0	HOUR
(Type of pillit)	MARIA	N	ELINOR	SI	LOCUM		OCTOBE			Yeor		101HM
SEX		4. RACE			S. DATE OF BI	RTH		6. AGE (In years lost birthdoy)	IF UND	ER 1 YEAR DAYS	IF UNDER	24 HRS.
FEMAI	E	WHI	TE		SEPTEM	BER 29	, 1898		YRS.	DATS	Hours	mili
BIRTHPLACE (Stote	e or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MAR	RIED.	9. COUNTY OF	DEATH				9 13
untry) MICHIG	AN	U.S.A.		WIDOWED	DIVOR	CED 🔲	WASHI	NGTON				Md.
CITY OR TOWN OF	DEATH		AME OF HOSPITAL OR INST	ITUTION (If r	not in hospitol			(Kind of work d		. KIND OF	BUSINESS	OR
HAGERSTO	NW		street oddress) SHINGTON CO	OUNTY	HOSP.		STC. TEA	life, even if retire	30.)		HINC	7
CTATE		136 COLINTY		13c. CITY OF		13d. INSIDE CITY LIF		REET AND NUMBE				
, IV	IARYLAND	W	ASHINGTON		RSTOWN		- 94	5 GREEN		ROAL		
. FATHER'S NAME	First	Middle	Lost	1:	S. MOTHER'S MA			Midd			Lost	
	CARL	CLARK	SLOCUM			L	J			MSTF		
Yes, po or unknow		NED FORCES? ar or dates of service)	16b. SOCIAL SECURITY N		INFORMANT				GREEN			D.
NO			215-36-69	14 Di	R. HUBE	RT E SI	LOCUM	HAGERSTO	MN N	ARYI	MATE INTER	1/41
		y one couse per li	ne for (o), (b), ond (c).)						_		INSET AND E	
PART I. DE	EATH WAS CAUSED IMMEDIA	TE CAUSE (o)	Carcinos	a by	the	gall	blod	der		92	win	ho
1360		DUE TO, OR	AS A CONSEQUENCE OF	. 0		0						
	ny, which gove	(b)		124								
	iote couse (o), ( derlying couse (		AS A CONSEQUENCE OF									
lost.	)	(c)										
PART 2. OTHER	SIGNIFICANT CON	IDITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED T	O THE TERMINA	L DISEASE ORC	ONDITION GIVE	N IN PART 1(o)				
1551												
190. DATE OF OP	ERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PER	FORMED	20o. AUTO	PSY?		YES, WERE FINDI	IGS CONSIDE	RED IN C	ERTIFYIN(	G
					YES [	NO D	CAUSE	S OF DEATH?				
	WAS UNDERLYIN	- 10 c		21c. H	OW INJURY OCC	URRED (Enter	noture of inju	ry in Port 1 or Po	rt 2, Item 18	3.)		
	IG CAUSE OF DEAT y medicol exomin		Month Doy Yeor	6 5								
21d. INJURY O	CCURRED 21e.		AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. L	OCATION Stree	t or R.F.D. No.	City	or Town	Cou	nty	S	tote
While Not	work											
22a. I certif	y that (1) (th	s hospital) att	ended the decease	d from_	march	, 19_6	28, ta_0	ct 20	1966	, that	(I) (W	e) last
saw th	e deceased a	live an O	et pa	65, an	d that in (m	y) (NOE) api	nian death	accurred an th	e date an	d haur	and fro	ım the
22b. SIGNATURE		;, (1) (JAZB) (ala)	(did not) view the b	day affer	deam.				22c. DATE S	ICNED		
		51	nith M.	A DEG	ATTENDIN	IG X M	IED.	STAFF PHYS.	10/2		1	
22d. PHYSICIAN	"C	C. 367	mur , 19.	D. D.	REE PHYS.		IKECIUK C	PH13.	10/2	1/00		
NAME (Typ		ON M WEL	TY. M.D.				AVE.	HAGERST	OWN.	MARY	LANI	0
o. BURIAL, CREMA			23c. NAME OF C	E WELLDA UD				ON (City or Town)		inty)	(Stote	
BUNTAL (Speci	4.4	10/24/68	the second second			UT.			(00)			
I. FUNERAL DIRECT		TO 1 54 1 00	ADDRESS	DIDE (	EMETER!	2So. REC'D B	GRASS Y REGISTRAR	2Sb. REGIST	RAR'S SIGNA		HIG	111
Charles	n Kour		HAGERSTO	WN. MA	RYLAND							

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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completely filled in by the face carban papers. Pages ve carban papers. Pagevent, within 72 haurs remave carban any and please physician ar remayal. en attending permit. The crematian, signed by the burial-transit p prior ta has been the SD Dept. af Health far detached shauld be

executed within 24 hours after death.

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law requires that the death certificate

OR ATTENDING PHYSICIAN: The

physician. attending TO FUNERAL DIRECTOR: After this certificate by the haspital ar be retained directar, page shauld be filed

VR A15 (4)

15105 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF OEATH 2b. HOUR (Type ar print) Manth VIRGINIA HARR IGAN STAINS October 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR last birthday) DAYS HOURS Female White Jany 30 1902 66 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED | NEVER MARRIED country) WIDOWED [ DIVORCED Washington U.S.A. Maryland
10. CITY OR TOWN OF OEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY Wash County Hospital Hagerstown Own Home 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 3d. INSIDE CITY LIMITS? 13b. COUNTY odmission) STATE
Maryland YES NO shington Haderstown West Baltimore St 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle Last First Middle No Record John Harrigon St 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no ar unknawn) 215-18-2040 George 17 W. Baltimore Stains Jr. agerstown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗔 NO F 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TO DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Oay (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State City or Town Caunty While Nat while at wark 22o. I certify that (I) (this hospital) attended the deceased fram. \_19 68, and that in (my) (our) apinion death occurred on the date and hour and from the couses stated obave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE, SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S NAME (Type 22e. ADDRESS 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Rose Hill Cemetery 10/30/68 Hagerstown Hagerstown Md ADDRESS Coffman Funeral Home 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 31

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Virgilia Fallena Sianis ctober 23 1958 - 1 A

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within 24 haurs after death

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after deal

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/48

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

•												
1. DECEASED-NAME (Type or print)	First		Middle		Lost		2o. D#	ATE OF DEATH	Day	. Year		. HOUR
	HERM		CECIL		STOUFF			Oct. Month	26	- ,	968	M
3. SEX		4. RACE			S. DATE OF			6. AGE (In	yeors	MONTHS D	AR IF UND	DER 24 HRS.
M	ale		White		Oct.	10 19	904	64 birth	YRS.	MONINS	113 HOOKS	min.
70. BIRTHPLACE (Sto	e or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	NEVER MA	RRIED	9. COUN	TY OF DEATH				
country Ler	a Md.	u.s.	a.	WIDOWE		ORCED 🗌		Washing	ton			Md
O. CITY OR TOWN C	F DEATH		AME OF HOSPITAL OR IN					ATION (Kind of w		12b. KIND	OF BUSINE	SS OR
Hagers	town	give	street oddress) Washingto	n Cou	nty	during	rchard	king life, even i	retired.)	Fru	Lt Gr	OWE
30. USUAL RESIDEN	E (Where deceos	ed lived, if institu	tion: Residence before	13c. CITY	OR TOWN	13d. INSIDE CIT		3e. STREET AND N	UMBER			
odmission) STATE	•	13b. COUNTY	sh.	Che	wsville	YES	NO					
14. FATHER'S NAME	First	Middle	Lost		1S. MOTHER'S A	MAIDEN NAME	First		Middle		Los	t
	ELMER		STOUFE	FER	4 6	Gelin	na	Ir	ving			
160. WAS DECEASED	EVER IN U.S. AR		16b. SOCIAL SECURITY	NO. 17	INFORMANT				Address			
Yes, no, or unkno	vn) (If yes give v	var or dates of service)	578-24-39	74	Mrs.	Anna I	Ruth S	Stouffer	Cher	rsvi 1	e Md	
		ly one couse per li	ine for (o), (b), ond (c							APP	ROXIMATE INT	TERVAL
PART 1. D	EATH WAS CAUSE	D 8Y:	Disser	1 1	anx	i. a.	neu	susus		BEIM	EN OBSET AND	DEATH
411	IMMEDIA	ATE CAUSE (o)		-	oct of	-000		1		7	V, a	
Conditions, if	ny, which gove		AS A CONSEQUENCE OF		10-					17/	2000	
rise to immed	iote couse (o).	(b)	AS A CONSEQUENCE OF						-	196	cons	_
stoting the ur	derlying couse		AS A CONSEQUENCE OF							-		
_	SIGNIFICANT COL	(c)	JTING TO DEATH BUT I	NOT DELATED	TO THE TERMIN	AL DISEASE O	D CONDITION	I CIVEN IN DADT 1	(a)	1		
451	- MAN	CONTRIBE	JINO TO DEATH BUT I	NOT KELATED	TO THE TERMIN	AL DISCASE O	K CONDITION	OVEN IN PART	(0)			
190. DATE OF O	EDATION 10h	CONDITION FOR WA	HICH OPERATION WAS P	EDEODMED	20a. AUT	OBCV2	- 1	20b. IF YES, WERE	EINDINGS CO	MCIDEDED 1	N CEDTIEVII	NC
S 170. DAIL OF O	LKATION 170.	CONDITION FOR 111	ICH OF EXALION WAS F	EKTOKMED	YES T			CAUSES OF DEATH?		INSIDERED I	N CENTIFY I	NO
190. DATE OF OI	WAS UNDERLYIN	NG 21b. TIME O	E INITIDY	21.				of injury in Port 1	fes.	101		
	G CAUSE OF DEA	E TOT TIME O	Month Doy Yeo		NOW INJURY O	LCOKKED (En	nier noture (	of injury in Port I	or ron 2, ii	em 18.)		
	y medicol exomi			19								
ETU. INJUNT	CCURRED 21e.	PLACE OF INJURY	( AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY,) 211.	LOCATION Str	eet or R.F.D. I	No.	City or Town		County		Stote
While Not	work -				2-1	1	10	0 360		-		
22a. I certi	fy that (I) (th	is haspital) att	ended the decease	sed from_	0500	, 19	0,1	0 400	190	20,1	hat (I) (	we) las
saw th	e deceased a	live an	(did not) view the	hady after	na that in (r r death	ny) <del>(our) o</del>	opinian de	ath accurred (	in the dat	e and ha	ur and ti	ram the
22b. SIGNATUR		(i) (iio)	7	budy und	T dodin.				22c D	ATE SIGNED	,	
	120	1 vol	AM	DF	GREE PHYS.	ING -	MED. DIRECTOR	STAFF PHYS.	7/1	12%	1/68	
22d. PHYSICIAN	18	0 1/10			22e. AD	DRESS	DIRECTOR	— FII13.		1-1	, - 0	
NAME (Ty												
23o. BURIAL, CREMA	TION. 23b.	DATE	23c. NAME OF	CEMETERY (	OR CREMATORY		1 23d II	OCATION (City or	'own)	(County)	(Sto	te)
REMOVAL Spec	(64)					Anmad		. ,			(510	. 62
												- 4
24. FUNERAL DIRECT	DR	eral Hom	ADDRES		eformed		BY REGISTI	Cavetown	EGISTRAR'S	SIGNATURE	Coun	4

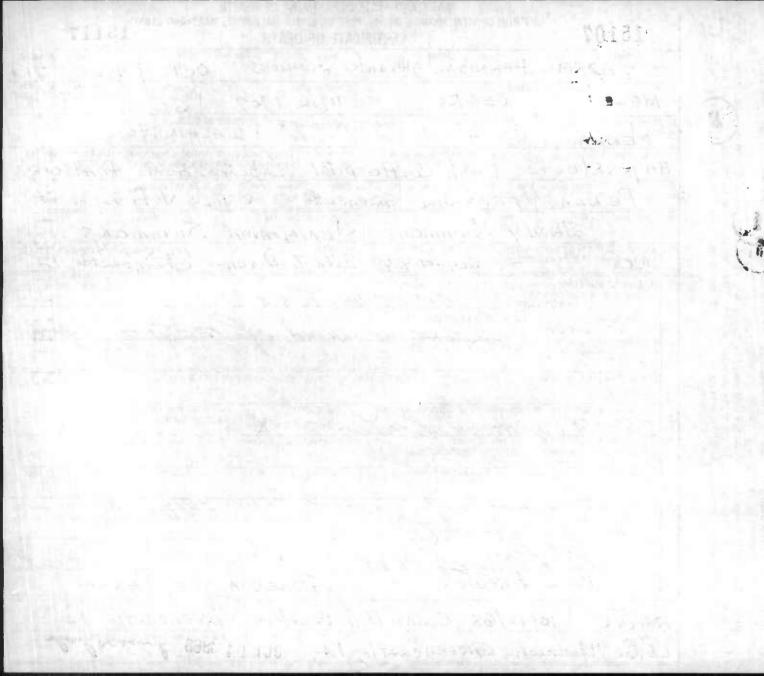
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH HANNIBAL Alexander Summons 2g. DATE OF DEATH DECEASED-NAME 2b. HOUR funeral 1 and 2 er death. within 24 haurs after death (Type or print) ADRIAN 3. SFX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR MALE NEGRO lost birthday) OAYS HOURS 0 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WASHINGTON 4.5.A. DIVORCED | ENNA WIDOWED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, soen if retired.) please remave carban OSPITA 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER GREENCISTE YES and in any Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First 4mmon5 EMMIAMA Dummor 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. the death certificat Yes, pp, grunknown) (If yes awa war or dates of service) 204-01-484 preencas 1B. CAUSE OF DEATH (Enter only one cause per line for-(a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove burial-transit rise to immediate cause (a). requires that signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use Health O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED 21b. TIME OF (Enter noture of injury in Part 1 or Part 2, Item 1B.) O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH P.M. (If either, natify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County State While Nat while at wark 22a. I certify that (I) (this hespital) attended the deceased fram. 296 g, and that in (my) (our) opinian death accurred an the date and haur and fram the saw the deceased alive an. causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING director, page 3 ed DIRECTOR PHYS. PHYS. 22e, ADDRESS BREWER NAME (Type) BREENCASTLE 23d. LOCATION (City or Town) 23a BURIAL, CREMATION,

GREEN castle

VR A15 (4) 30M REV. 1/68



2 1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE	15108 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	118	
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a, DATE KNOWN Month	Day Year 2b. HOUR	
s t a s	(Type or Print)  OF ESTI- DEATH MATED   /O	-4-186731A	
delay and 3 M3 Po	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years lost birthday) MONTHS DAYS HOURS MIN. Manth Day	Yeor 2d. HOUR	
	Female White July2, 1915 53 YRS. Oct 4  70. BIRTHPLACE (Stote or foreign   7b. CHIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH	1968 1939	
any	country) WIDOWED C DIVOPED C	N	
hours after death.  Item 18. Give Pages 1,  Office alang with farm  land 2 with the State Death.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR	
de y wi	Hagerstown give street oddress)  Beaver Creek Road during most of working life, even if retired.)  Housewife	Own Home	
s after death 18. Give Pag i alang with 2 with the Sta death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN  13d. INSIDE (ITY LIMITS?  13e. STREET AND NUMBER  13b. COUNTY  YES NO		
hours a Item 18. Office al 1 and 2 w after dec	admission) STATE Maryland 13b COUNTY Washington Hagerstown YES NO R # 3. Hager  14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	stown, Md	
hin 24 mail in 1 priner's pages 1 haurs a	146 WAS DECEASED EVED IN 11 S ADMED EDDCES? 146 SOCIAL SECURITY NO 17 INCOMANT	atterson	
m pencil Examine File pag	(Yes, no, or unknown) (If yes give wor or dotes of service) None Charles Robert Swisher. R	stown, Md.	
7 E - 7 C	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (D) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
executed anding in Medical t permit	IMMEDIATE CAUSE (a)	enstant	
be exemple in the perior of the period of th	Conditions, if ony, which gave	Dev.	
vard "pe vard "pe ne Chief al-transil	rise to immediate cause (a).	19 che	
s certificate shauld be executed e, writing the ward "pending". forwarded ta the Chief Medial t used as a burial-transit permit. emaval, and in any event withi	stating the underlying cause   DUE 10, OK AS A CONSEQUENCE OF   Last.		
ate s g the ed ta ed ta and i	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
certificate writing th orwarded t orsed as a l	8 4:01	les aurentes	
is certific te, writin forward e used as remaval,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. In	20. AUTOPSY?	
Thi icate be be ar r	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, It	YES NO Tem 18.)	
INER: e certif shauld files. 3 should	PRIMARY OF CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d, INJURY OCCURRED 12 le PLACE OF INJURY (At home form street) 21f, IOCATION Street or R.E.D. No. (ity or Town)		
3 at		Caunty State	
EXAM ute th age 4 your Page , crem	AT WORK AT WORK		
ICAL E executar. Paged far CTOR: burial,	22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔄, Inspection 🔲, Inquiry 🗀	and in my apiniar	
ITY DIC.	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner		
ry, pleceral directed SAL DII	ACTUAL  SIGNATURE  AND ASSISTANT MEDICAL EXAMINER   22b. DATE	SIGNED	
cessary, processary, processar	SIGNATURE A	-6-60	
TO DEPUTY necessary, the funeral 5 may be in Four Funeral Health prii	NAME (Type) \( \tag{7} \) \( = W \) \( \tag{1} \) \( \tag{2} \) \( \tag{ADDRESS(Street, city, town, or county)} \)		
<b>5</b> 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)	
	Burial 10/7/68 Rose Hill Cometery Hagerstown W 24. FUNERAL DIRECTOR ADDRESS 1250. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 3	SCHARE Md.	
VR A15ME (5)	1000 000	Mes Judge	
10M REV. 1/68	Coffman Funeral Home, Inc., Hagerstown DATE OCT 10 1968	00	

Burial 10/7/68 Rose Hill demetery Hagerstown, .ssh. .d.

Cofficen Funeral Tome, Inc., Maderat and Dell D. Cofficen

VR A15ME (5) 10M REV. 1468 ems 18822a Film 406 MARYLAND STATE DEPARTMENT OF HEALTH
-13-68ams DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Tem 11 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. 0	ype or Pro	Firs	t	Middl	le		Last			2a. DATE KNOWN Manth	Day Year	2b. HOUR
	7	MOTOR	Dia	ne	Martl	ha	1	Twigg			DEATH MATED 10	60 190	SH 75M
U.	3. SE	X 3/	4. RACE	S. DATE OF BIR	.TH	6. AGE (in years	IF UND	ER 1 YEAR	IF UNDER		2c. DATE PRONOUNCED DEAD		2d. HQUR
	f	emale	white	2-22-	1949	19 Y	MONTHS RS.	OAYS	HOURS	MIN.	Month Day	Year 19 6	E 11 12M
		BIRTHPLACE (Stote		7b. CITIZEN OF WH	AT COUNTRY?	8. N	ARRIED _	NEVER MARK	RIED X	9. COL	UNITY OF DEATH		
	comp	arylan	d	USA		WI	DOWED [	DIVOR	CED 🗌		Washingto	n	Md.
-6		ITY OR TOWN O		11. N/	AME OF HOSPITAL	OR INSTITUTE	ON (If not i	n haspital	12a. U		CUPATION (Kind of work done		SUSINESS OR
70		ort Ri		Nea	street address) M	itchie	, Md,				warking life, even if retired.)	Deal	er
V	13a.	USUAL RESIDEN dmission) STATE		sed lived, if institu	tian: Residence	before/13c. Cl	TY OR TOW	N 13d.	INSIDE CITY	LIMITS?	13e. STREET AND NUMBER		
2			Md.	13b. COUNTY							Bedford	Road	
O.C.	14. F	ATHER'S NAME	First	Middle		Lost	1S. MOT	HER'S MAIDE		First			Lost
				d Twigg				46.51	Ве	etty	Hansrote Hansrote		
		WAS DECEASED EV es, na, or unknov	VER IN U.S. ARMED	FORCES? war or dates of service)	16b. SOCIAL SECU		17. INFOR				ADDRESS		
		no	(11 703 g//				Mr.	C.Ed	Ward	1 Ty	wigg Cumberl		
	24	18. CAUSE OF	DEATH (Enter or	ly one cause per li	ne far (a), (b), o		,						IATE INTERVAL ISET AND DEATH
		PAKI I. L	DEATH WAS CAUSE IMMEDI	ATE CAUSE (a)		Mddy	LAKK	11-	Mul:	tip1	le traumatic		
	10	041.4	orditions if any which gave )  DUE TO, OR AS A CONSEQUENCE OF injuries and fracture										
1	4		iny, which gave liate cause (a),				J. II	Jarre	, a	IIU I	racture		
		stating the un	derlying couse	DUE TO, OR	AS A CONSEQUE	NCE OF							
		last.		) (c)				. 100					5-14-6
		PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTI	NG TO DEATH BU	JT NOT RELATE	D TO THE T	ERMINAL DIS	EASE OR (	CONDITIO	ON GIVEN IN PART 1(a)		
	N	863	X										
1	CERTIFICATION	190. DATE OF O	PERATION		19b. CONDITION WAS PERFO		PERATION					20. AUTO	PSY?
-	RTIFI											L.	NO 🗆
		PRIMARY	CAUSE WAS R CONTRIBUTING	HOUR AH	INJURY Month, Do		-	1			re of injury in Port 1 or Part 2,	Item 18.)	
	MEDICAL	CAUSE OF DEAT	Н	73 P.	M. (0-10			12-613			resh		
5	W	21d. INJURY OC	CURRED 21e.	PLACE OF INJURY (	t home, farm, st			ON Street or			City or Town	County	State
^ :				mountain							tchie w.	15h.	Md
21	4			look chorge of the					sy 🚽	Ins	spection , Inquiry [	and in	my opinion
	5	deoth re	sulted from:	Natural caus	ies 🔲 , Ac	cident 🕱,	Suicid	e 🔲,	Homicid	le 🔲,	Undetermined monne	124	
		ACTUAL	0	1	0.11			CHIEF	MEDICAL	EXAMINI	ER 🔲		
		SIGNATURE	Chran	CW.		-70					WHITE	TE SIGNED	
2	-	EXAMINER'S	217 W.	Washing d W. Dit	ton St.,	Hager	rstown	i, latani				0-11-68	
		NAME (Type)								-	wn, ar county)		
		BURIAL, CREMA REMOVAL (Speci	.6.3	DATE	23c. NA/	ME OF CEMETER	RY OR CREA	MATORY		23d.	LOCATION (City or Tawn)		(State)
0		Burial	1(	0-14-68	1111	lcres	t Bu	rial	Par	k	Cumberland	Md.	100
1	S	FUNERAL DIRECT	Funana	1 Servi		ADDRESS		2	ZSa. REC'I	BY REC	GISTRAR 1968 REGISTORIA	District of the	1
			- direra	r Selvi	ce cum	perla	nd, M	d.	DATE 0	UI.	T T	-	

executed within 24 hours ofter deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by Page 4 may be retained by the hospital or attending physician.

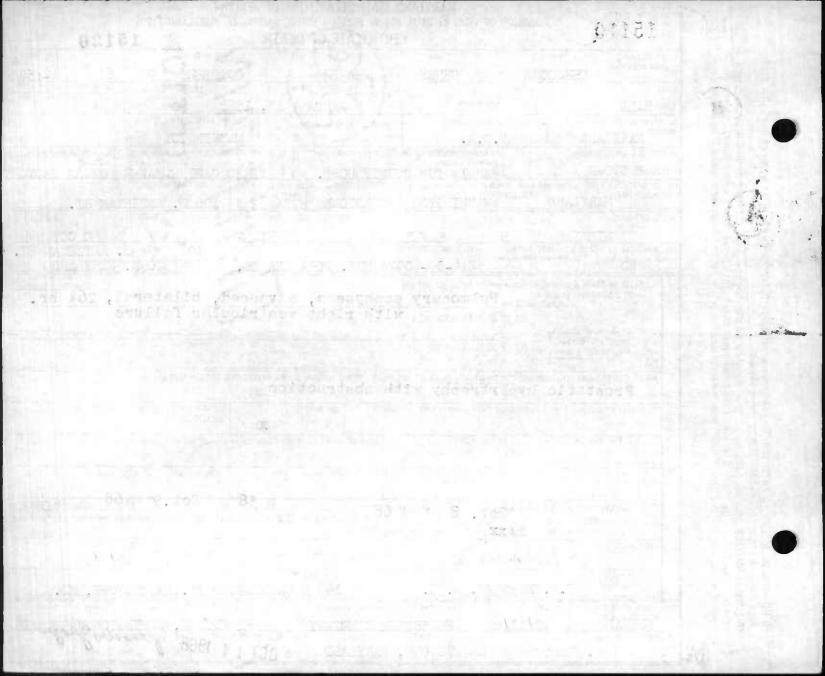
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15120

	CEASED-NAME	First		Middle		Lost	20. DATE OF				2b. HOUR
(1)	ype or print)	THEODO	ORE	HENRY	WEA	VER	OCTOF	BER Month	Doy	68 Year	12:50 M
3. SE:	X		4. RACE		S.	DATE OF BIRTH		6. AGE (In year	ors II	IF UNDER 1 YEAR	IF UNDER 24 HRS.
rii l	MALE		WH:	ITE		JANUARY 13.	1888	lost birthdoy	YRS.	ONTHS DAYS	HOURS MIN.
70. B	IRTHPLACE (Stote	or foreign	7b. CITIZEN OF WH				9. COUNTY OF				
coun	MARYLA	ND	U.S.	Α.	WIDOWED [		WASHT	INGTON			Md
10. C	ITY OR TOWN OF			ME OF HOSPITAL OR INST		in hospitol 12o. USUA	L OCCUPATION	(Kind of work		12b. KIND OF I	
Н	AGERSTO	IN	give s	treet oddress) SHINGTON CO	ט עייואוויע ע			life, even if ret		INDUSTRY	FACTOR
			d lived if impaired	on. Desidence before				REET AND NUM		ONGAN	PACTOR
		RYLAND	13b. COUNTY	ASHTNGTON	FUNKST	VEC D NO		6 S. AN		AM ST	
14. F	ATHER'S NAME	First	Middle	Lost		NOTHER'S MAIDEN NAME FI			ddle	an ure	Lost
			TT	T. TED A TETRO						3/0 0	037
160	WAS DECEASED EV	LLTAM FRINIIS ARMI	ED FORCES?	WEAVER 166. SOCIAL SECURITY N	O. 17. INF	DRMANT ELI	I I I	106 Add	dress S.	MC C	TAM CT
Y	es, no, or unknown	) (If yes give wo	or ar dates of service)			. NORA WEAVE	מה	FUNKSTO	_		MID DI.
		_				NOTER WERVE	41.6	1 OIMOT C	AATA .	APPROXIM	WATE INTERVAL
		TH WAS CAUSED	Y one couse per lin	ne for (o), (b), ond (c).)	ama hara	ome odvov	5000	hilat	onol	BETWEEN ON	NSET AND DEATH
	1100	IMMEDIA'	TE CAUSE (o)	Imonary	empnys	ema, advar	ndeu,	DIIau	Frat	209	hr.
	472	X	DUE TO, OR A	S A CONSEQUENCE OF	with r	ignt vent	LIGUIS	ir lai.	Tur.e		
	Conditions, if on rise to immedio	to couse (a)	(b)								
	stoting the und		DUE TO, OR A	S A CONSEQUENCE OF						2 20	
	lost. 527	)	(c)								
						HE TERMINAL DISEASE ORC	ONDITION GIVE	N IN PART 1(o)	N STI	3500	- 1
Z	Pros	static	hypert	rophy wi	th obs	truction					
ATIO	190. DATE OF OPER	RATION 19b. C	ONDITION FOR WH	CH OPERATION WAS PER	FORMED	20a. AUTOPSY?		F YES, WERE FINI	DINGS CON	ISIDERED IN CE	RTIFYING
CERTIFICATION						YES NO 🔀	CAUSE	S OF DEATH?			
	210. ACCIDENT V				21c. HOW	INJURY OCCURRED (Enter	noture of inju	ry in Port 1 or	Port 2, Ite	m 1B.)	
MEDICAL	or contributing (If either, notify			Month Doy Yeor							
	21d. INJURY OCC	URRED 21e.		AT HOME, FARM, STREET, FACT		TION Street or R.F.D. No.	City	or Town		County	Stote
	While Not w	hile _		OFFICE BUILDING, ETC.	/		33.15				
	22a   certify	that (1) (3h)	Action Action	andadetha darense	d from	19	58, ta_	Oct.9	196	8 that	(I) XWe) Ins
	saw the	deceased al	ive an OCT	Tide of the decease	g 60 and 1	hat in (my) (160f) api	nian death	occurred an	the date	and hour	and fram the
	causes s	tated abave	(I) (()()()()()()()()()()()()()()()()()(	(did nat) view the b	oady after de	, 19_, hat in (my) (XVF) api ath.					
	22b. SIGNATURE	ON	1/	(3)		ATTENDING 14		- Ja	22c. DA	ATE SIGNED	
		VYI	Johner	De ?	DEGREE	ATTENDING M PHYS. DI	IRECTOR	STAFF PHYS.	10	19/68	
	22d. PHYSICIAN'S					22e. ADDRESS					
- 3	NAME (Type	B.B.	KNIESLEY	M. D.		148 W WASHI	NGTON	ST. HAG	ERST	OWN. M	D.
23o.	BURIAL, CREMATIC	ON, 23b. D	ATE	23c. NAME OF C	EMETERY OR CR	REMATORY	23d. LOCATI	ON (City or Tow	n)	(County)	(Stote)
	REMOVAL (Specify	) 7	0/11/68	FUNKSTO	DWN CEM	ETER V	FUNKST	OWN WAS	SHTNG	TON MAI	RYLAND
24.	FUNERAL DIRECTOR			ADDRESS	A CALLET	2So. REC'D B'	Y REGISTRAR	25b. REQ	STRAKES S	CHAPPER SE	7
0	harles !	M. Rouz	er H	LAGERSTOWN.	MARYL	AND DATE OC.	1141	968 <sup>356. REP</sup>	7, 0	U	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou VR A15 30M REV.



2 14/14	Fit	ems 18&22a Fil		RYLAND STATE T ORDS, 301 W. PRI				1		
FOR STATE		15111		AL EXAMINER'					1512	1
HEALTH DEPT.		ECEASED-NAME First		Middle	Lost		20. DATE KN	OWN Month	Doy Yeor	
· 2 2 2		" Ge	rald	Emerson		eikel		STI- ATED 10	10 19	68 7 7 5 N
le l	3. 5		S. DATE OF BIRT		years IF UNDER 1 YE		ZC. DAIL ING	DOY,	Yeor	2d. HOUR
ortio		ale White	Feb. 4		1100		Min. Month	//	196	8 11-A-M
ny or 1, 2, or rm Properties		BIRTHPLACE (Stote or foreign fry) Michigan	7b. CITIZEN OF WHA		MARRIED NEVER	DIVORCED	9. COUNTY OF DEAT			
th ges 1, form tote D		ITY OR TOWN OF DEATH		ME OF HOSPITAL OR INSTI			SUAL OCCUPATION (Kir		12b. KIND OF	BUSINESS OR
ter death Sive Page and with 1 th the Sto	H	agerstown	digest	Att Agron Co	unty Hosp	ita Turing	most of working life. Parts Mgr		INDUSTRY Autor	
s offer 18. Sin With death.	130.	USUAL RESIDENCE (Where deceor dmission) STATE Maryland	ed lived, if institut	on: Residence before 13 ontgomery	c CITY OR TOWN	13d. INSIDE CITY L		ent Stre	eet.	
1 2 mg 2		ATHER'S NAME First	Middle	Lost		MAIDEN NAME	First	Middle		Lost
hin 24 hours ofter death noil in term 18. Give Pages niner's Office along with for pages 1 and 2 with the State hours ofter death.		Josep		ikel		era	,,,,,	imadie		LUSI
hin 24 ncil in niner's pages hours	160.	WAS DECEASED EVER IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		""
within pencil xomine ile page 72 hou		Yes WWII	W Korea	n 575-05-6	725Mary E	illa We	ikel- wif	e- same		
vould be executed within 2 word "pending" in pencil is the Chief Medical Exominer rial-tronsit permit. File pages any event within 72 hours		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		e for (o), (b), ond (c).)	Bulle	111111	W.J.Ada.J.			MATE INTERVAL INSET AND DEATH
ding ding edic edic			ATE CAUSE (o)		Mende	1/6/2	Multiple			
e execute pending" ef Medica isit permit		Conditions, if ony, which gove		AS A CONSEQUENCE OF	traumatic	iniur	ies and f	racture		
ould by vord " ne Chi al-tror		rise to immediate cause (a), stating the underlying cause	DUE TO, OR A	AS A CONSEQUENCE OF	VI OLUMO VI O		200 0000			
	19	lost.	(c)						1	
9 = - 0 0	3	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTIN	G TO DEATH BUT NOT RE	LATED TO THE TERMIN	AL DISEASE OR C	ONDITION GIVEN IN PA	RT 1(0)		
certification writing orwarded as consed as commanded or	NOL	19o. DATE OF OPERATION		19b. CONDITION FOR WHI	H OPERATION				20. AUTO	DECA5
0 0 1	CERTIFICATION			WAS PERFORMED?	EI OF EIGHTON					NO [
INER: This ee certificate, should be fo files. 3 should be us a should be us a should be us a should be us tem	CERT	210. EXTERNAL CAUSE WAS	21b. TIME OF I	NJURY Month, Doy, Yeor	21c. HOW INJURY	Y OCCURRED (En	ter noture of injury in	Port 1 or Port 2, If		
XAMINER: The the certificate the certificate of the should be your files.  Community of the community of the should be community of the should be	MEDICAL	PRIMARY OR CONTRIBUTING (	HOUR A.M	(0-10 19 60	Firp	lane	Crash			
3 = She N	ME		PLACE OF INJURY (At ctory, office building,	home, form, street,	21f. LOCATION St				County	Stote
		AT WORK LAT WORK LS	Mounto	in Hola	Nr.		t Ritchi			Md.
ICAL E exect for. Po ed for CTOR: buriol,		22a. I certify that I t							_	my apinian
Sicological Sicolo		death resulted fram:	Natural cause	es, Accident [	x], Suicide [_	], Hamicid		mined manner,	14	
TY blease y, please rad directo be retained (AL DIREC		ACTUAL SOLUTION	0 10	QXIV I	1	CHIEF MEDICAL	EXAMINER []	22b. DATE	SIGNED	
UTY, orly, be be pr		SIGNATURE 217 W. W	ashington	St., Hager		DEPUTY MEDICA	L EXAMINER		10-11-	68-
necessory, please extra the funeral director.  To Funeral Director.  To Funeral Director.  Health prior to bur		NAME (Type) Edward	W. Ditto,	111, M.D.		ADDRESS(Street,	, city, town, or county)			
To To He	23o	BURIAL, CREMATION, 23b.	DATE /15+/68	23c. NAME OF CEM	METERY OR CREMATOR		23d. LOCATION (Ci Berkle	y or Town)	(County)	(Stote)
	24.	FUNERAL DIRECTOR		13 ADDRESS	ockville		BY REGISTRAR	25b. REGISTRAR'S		
VR A15ME (5) 10M REV. 1/68	Ty	son Wheeler F	uneral H	ome Rockvi	lle, Md.		CT 1 5 196			
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES NO 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) County Inquiry and in my apinian Undetermined manner 22b. DATE SIGNED 10-10-68 23d LOCATION (City or Town) (County) Rose Hill Cemetery Hagerstown, Maryland. Oct.11/68 Hagerstown, Md. ADDRESS Coffman Funeral Home Inc. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

15122

INDUSTRY Infant

2b. HOUR

2d. HOUR

12b KIND OF BUSINESS OR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W., PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR 24 haurs after death (Type or print) ROMAN EDWARD WILLIAMS 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Male White Sept. 14 1908 70. BIRTHPLACE State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED country) U.S.A WIDOWED DIVORCED [ Washington en med 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind af wark dane 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR give street address washington County Hospitaling most of working life, even if retired.) Hagerstewn Farm event, 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed Williamsports the attending physician and compl sit permit. Then please remave c Williamsport Nd. RFD IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Lost Williams Annie Criner 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT AddresWilliamsport Md. 216-14-5154 Yes, no or unknown) (If yes give war or dates of service) Mrs. Catherine S. Williams RFD #1 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY: neumon? 3 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave burial-transit rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been use as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY far OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. directar, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED City or Town County State While Not while at wark 220. I certify that (I) (this hospital) attended the deceased fram Sept , 1964, ta OCL , 1968, that (I) (We) last sow the deceased alive on OCL 7 1968, and that in (my) (OCC) apinian death occurred an the date and hour and from the couses stated above, (I) (DOC) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) (Stote) BIPEMOVAT (Specify) Oct. 10-68 Mennenite Cemetery Near Pinesburg 25b REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Albert L. Leaf Williamsport, Md. 30M REV.

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15114		CERTI	FICATE OF DEATH		15]	124
1. DECEASED-NAME (Type or print) Rus		Middle dward	lost Wishard	2a. DATE OF DEATH Oct. Manth	28 Doy 196	2b. HOUR A 1:20 M
3. SEX Male	4. RACE White		S. DATE OF BIRTH 8/17/93	6. AGE (In lost birth	yeors IF UNDER day) MONTHS	
70. BIRTHPLACE (State or foreign country)  Maryland  10. CITY OR TOWN OF DEATH		WIDON HOSPITAL OR INSTITUTION		9. COUNTY OF DEATH WASHINGTO	ork done 12b.	Md. KIND OF BUSINESS OR
HAGERSTOWN  13a. USUAL RESIDENCE (Where deceo odmission) STATE Maryland  14. FATHER'S NAME First	acive strace of WES TERN sed lived, if institution: Res 13b. COUNTY Washing Middle	idence befare 13c. CIT	Y OR TOWN 13d. INSIDE CITY	NO □ 237 S.		St.
John I. W	ishard MED FORCES? 16b. SC	OCIAL SECURITY NO.		ics Trumpow		260
Conditions, if ony, which gove use to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	D BY: ATE CAUSE (o) Loby DUE TO, OR AS A CO (b) Carc DUE TO, OR AS A CO (c)  NDITIONS CONTRIBUTING TO	NSEQUENCE OF CINOMA OF THE NSEQUENCE OF COLUMN DEATH BUT NOT RELATED TO THE NOT RELATED T	che rectum with metastasis, and the terminal disease o	ebegalychene	plorasics	approximate interval Between onset and opath 24 hrs.  11 year
	TH HOUR A.M. Man	RATION WAS PERFORMED	200. AUTOPSY?  YES X NO [ 1c. HOW INJURY OCCURRED (En	CAUSES OF DEATH?	yes	
While Not while of work of wor	PLACE OF INJURY (AT HOM OFFICE OF INJURY) (AT HOM OFFICE OF INJURY) (AT HOM OFFICE OFFI	the deceased from 27 19 68 st) view the bady a	DEGREE ATTENDING PHYS. 22e. ADDRESS We:	68 , ta Oct.	22c. DATE SIGN OCt.	that (1) (106) last d have and from the 28, 1968
DE1101111 10 15 1	DATE 0/30/68	23c. NAME OF CEMETER  Dunkard	Y OR CREMATORY  Cemetery	23d. LOCATION (City or 1 Broadford	,	sh Co Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the Paneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

expented within 24 hours aft

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificote be Poge 4 may be retoined by the hospital or attending physicion.

/30/68 Ragerstown ADDRESS Coffman Funeral 24. FUNERAL DIRECTOR Andrew

2So. REC'D BY REGISTRAR DATE OCT 3 1 196B

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1,01,10			CERTIFICA	TE OF DEATH		10100
1. D	ECEASED-NAME F	irst	Middle		Last	2a. DATE OF DEATH	2b. HOUR
1	Rud	olph	jes	se	Witmer	Oct.	21 1968 7:30A
3. S	X	4. RACE		S	. DATE OF BIRTH	6. AGE (In )	(POTS IF UNDER 1 YEAR IF UNDER 24 HRS.  (QV) MONTHS OAYS HOURS MIN
	Male	Wh	ite		8/20/87	last birthd	YRS. MONTHS ONTS TOOKS MIN
7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
W	inchester V	a. U.S	. A.	WIDOWED	DIVORCED _	Washingt	on N
10.	CITY OR TOWN OF DEATH	[1].	NAME OF HOSPITAL OR IN	STITUTION (If nat	in haspital 12a. USUA	AL OCCUPATION (Kind of wo	rk done 12h KIND OF RUSINESS OP
	Hagerstewn	giv	e street address) Co	. Hesp	ital Re	etired Wood	retired.) INDUSTRY WORKER, Floor
13a	USUAL RESIDENCE (Where decision) STATE				DWN 13d. INSIDE CITY LI	MITS? 13e. STREET AND NU	MBER
Guil	issiMaryland	Wash:	ington	Clear	Spring NO	Reute	1
14.	FATHER'S NAME First	Middle	Last	15.	MOTHER'S MAIDEN NAME F	irst /	Middle Last
	Jehn	#	Witmer			Mary	# Curly
160	. WAS DECEASED EVER IN U.S. (es, na, ox unknawn) (If yes g	ARMED FORCES?	16b. SOCIAL SECURITY		ORMANT		ddress Md.
	No.	Nene	212-24-5	086	David Witn	mer, Route	ly Clear Sprin
	18. CAUSE OF DEATH (Enter		line far (a), (b), and (c)	.)			BETWEEN ONSET AND GEATH
	PART I. DEATH WAS CAI	USED BY: EDIATE CAUSE (a)	Chroni	c Urem	ia		unknown
	5/8X	DOKOO	EXCXDADADADADENCIK DE	rte Zie, II			
	Canditians, if any, which ga		Cor Pul	monale			unknown
	stating the underlying cau		Bronchiec	tacic o	hrania		unknown
	last.	) (c)_					
	PART 2. OTHER SIGNIFICANT	conditions contri	nysema and	Fibros	HE TERMINAL DISEASE OR C	CONDITION GIVEN IN PART 1(d	1)
NO.	JOHON		WHICH OPERATION WAS PE		20a. AUTOPSY?	TOOL IF YES WEDE E	INDINGS CONSIDERED IN CERTIFYING
CERTIFICATION	none	90. CONDITION FOR V	VITILE OPERATION WAS PE	KPUKMED	YES X NO	CALICTO OF DEATHS	
ERTI	2) a. ACCIDENT WAS UNDER	VING 1915 TIME	OF INJURY	Jaic HOA		r nature of injury in Part 1 o	yes
3	OR CONTRIBUTING CAUSE OF	OEATH HOUR A.A	Manth Day Year		THOUSE OCCURRED (EITHER	i natore at injury in run i c	1 run 2, nem 10.)
MEDI	(If either, natify medical exc	ominer) P.A		GORY 1 214 LOC	ATION Street or D.E.D. No.	. City or Town	County State
	While Nat while at wark	THE PEACE OF THOOK	OFFICE BUILDING, ETC.	211. 200	ATION Street ar R.F.D. Na.	. Chy di luwii	Coomy
	22a Leartify that (1)	(thinchenendael) a	ttanded the decore	ed from 10	/09/68 19	to 10/21/	68 19 that (1) (voetcle
	saw the deceased	alive an	10/21/68	19, and	that in (my) (%) api	inian death accurred a	68, 19, that (I) (vse)cla n the date and haur and fram th
	causes stated ab	ave, (I) (w <b>x)</b> (dia	d) (dkdkaot) view the	bady after de	ath.		
	22b. SIGNATUR	01	(A)	- 0	ATTENDING NO D	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED. 10/21/68
	Clupia	. Copoler		m SERE			
	22d PHYSICIAN'S NAME (Type) A:	rchie Rob	ert Cohen,	M.D.	Zze Clear Sp	ring, Marylar	nd 21722
230	BURIAL, CREMATION, 2	3b. DATE	23c. NAME OF	CEMETERY OR C	REMATORY	23d. LOCATION (City or To	own) (Caunty) (State)
	REMOVAL (Specify) Burial FUNERAL DIRECTOR	10/23/6	St. ADDRESS	Pauls	Cemetery 25a. RECD B	Western	Pike Wash. M.
24.	FUNERAL DIRECTOR	1 1	ADDRESS		0.0	RY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
11	Margaret	Howard	foren S	nrine	Md DATE OC	T 2 4 1968	John Judge

25g. REC'D BY REGISTRAR

VR A15 (4) 30M REV. 11 68

24. FUNERAL DIRECTOR

